V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19941
1. PLACE OF DEATH	106-6)
County Frederick.	Registration Dist. No. 153
Village or City Pulbersulle	ND. St., Ward
Length of residence in city or town where death occurredmosmos.	death occurred in a hospital or institution, give its NAME instead of street and number) dsmosds
2. FULL NAME Welliam Venry	allowall
(a) Residence: Np. Alpha (Usual place of abode)	est, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, ordivorced HUSBAND of (or) WIFE of Lucy A. Starter	22. All HEREBY CERTIFY. That I ettended deceesed from
6. DATE OF BIRTH (month, day, and year (p. 3/-/85-4	I last saw han falive on Manda 5 , 1931; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
80 10 15 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, tellured Harms	a several debilita
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	<i>f</i>
1D. Date deceased last worked at this occupation (month and Ch 13 spent in this occupation year)	
12. BIRTHPLACE (city or town) Rocky Redse	Other Contributory Causes of importance: Lorry + destanding
(State or country)	
13. NAME  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town). Con the state of the state	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
I 15. MATDEN NAME NOON Hungmer	23. If death was due to external causes (VIDL ENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?, 19, Date of injury, 19, Where did injury occur?, 19
17. INFORMANT MAS WE IS ALL THE CANADISCO CONTRACTOR OF THE CONTRA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace 17 to Age the Date Mck . 0, 1930	Nature of injury
19. UNDERTAKER A SPECIAL OF THE CARDINATION OF THE	24. Was disease or injury in epy way related to occupation of deceased?
20. FVEDAN 7 135 Prand Atassayer	(Signed) Lotin D. Chargement M. I.
If more blanks are needed, address Stale Registrar	2011 N. Charles Street Baltimore Requesting 7) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. 'For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	41
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		(1-1-4)	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	()	-1-		-10	
County	Try denois			Registration Dist. No	1.7/
Village or Cit	Drums	wisa		No. death occurred in a horpital or institution, give its NAME instead of s	_St.,1
Length of reside	ence in city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	mos
2. FULL NAM	E Intan	+ Bus	ex		
(a) Residence			£-£	St. Ward.	
		(Usual place of		If nonresident give city or	
	L AND STATIST	1		MEDICAL CERTIFICATE OF DE	ATH
male	4. COLOR OR RACE	5. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH MORE (Day)	(Yee
5a. If married, widowed HUSBAND of	d, or divorced			22 I WEDERY CERTIEV That I	attended decreed
(or) W1FE of	V			1319 5 to	attended deceased
6. DATE OF BIRTH (m	onth, dev. and veer)	narch 3	,1935	I last saw h. i. M. allve on March &	193. 5; deeth is
7. AGE Yeers		Days	If LESS than	to heve occurred on the dete stated above, et. 12	
		42	1 dey,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importa	ance
Z 8. Trade, profess	lon, or particular rk done, es SPINNER, BOOKKEEPER, etc			-	Oate of
				martine,	
work wes (	usiness in which done, as SILK MILL, BANK, etc			Spira Syked	a Ru
0 10. Oate deceased	last worked at	11. Totel tim	e (years)	4	- Tha
- (1113 0000)	tion (month and	spent occup	tn this ation		
year)					
	or town)	1	-/-/-	Other Contributory Causes of Importance:	
12. BfRTHPLACE (city (State or countr				Other Contributory Causes of Importance:	
12. BfRTHPLACE (city (State or countr		Ault		Other Contributory Causes of Importance:	
12. BfRTHPLACE (city (State or country 13. NAME 14. BIRTHPLACE (	ussell (d)	Ault mil			
12. BfRTHPLACE (city (State or count)  L 13. NAME  14. BIRTHPLACE (State or co	ussell (d)	all mil			Oate of
12. BfRTHPLACE (city (State or country 13. NAME 14. Birthplace (State or co	city or town)	Mult my Corder		Neme of operation	Oate ofthere en autopsy?
12. BfRTHPLACE (city (State or country 13. NAME 14. BIRTHPLACE (State or country 15. MAIDEN NAME 16. BIRTHPLACE (Country 16. B	city or town)  E Gussie  City or town)	Mult my my my		Neme of operation	Oate ofthere en autopsy?
12. BfRTHPLACE (city (State or country 13. NAME 14. BIRTHPLACE (State or country 15. MAIDEN NAME 15. MAIDEN NA	city or town)  E Gussie  City or town)	Mult my my my my		Neme of operation	Oate of
12. BfRTHPLACE (city (State or count)  13. NAME  14. BIRTHPLACE (State or city)  15. MAIDEN NAME  16. BIRTHPLACE (State or city)  17. INFORMANT	city or town)  E Gussie  City or town)	Mult mil mil mil		Neme of operetion	Oate of
12. BfRTHPLACE (city (State or count)  13. NAME  14. BIRTHPLACE (State or city)  15. MAIDEN NAM  16. BIRTHPLACE (State or city)  (State or city)  17. INFORMANT  (Address)	city or town)  city or town)  city or town)  city or town)  ountry)  sasell Any  Bassaura	Mult my Jordan J		Neme of operetion	Oate of
12. BfRTHPLACE (city (State or count)  13. NAME  14. BIRTHPLACE (State or city)  15. MAIDEN NAME  16. BIRTHPLACE (State or city)  17. INFORMANT	city or town)  city or town)  city or town)  city or town)  ountry)  sasell Any  Bassaura	Mult my my my lt me work Date me	10,185	Neme of operetion	Oate of
12. BfRTHPLACE (city (State or country (State or country 13. NAME 14. BIRTHPLACE (State or country 15. MAIDEN NAME 16. BIRTHPLACE (State or country (State or country (Address) (Address) (State or country (Address) (State or co	city or town)  city or town)  city or town)  city or town)  ountry)  sasell Any  Bassaura	Pult Mill Mand It me Date Juney	J.d.,135	Neme of operetion	Oate of
12. BfRTHPLACE (city (State or country (State or country 13. NAME 14. BIRTHPLACE (State or country 15. MAIDEN NAMI 16. BIRTHPLACE (State or country (Address) 18. BURIAL, CREMATIC Place (MAIDEN NAMI 19. UNDERTAKER 19. UNDERTAKER	city or town)  city or town)  city or town)  city or town)  ountry)  sasell Any  Bassaura	Melt Mill Jordan Jordan Josephan Josephan	/d ,135	Neme of operetion	Oate of
12. BfRTHPLACE (city (State or count)  13. NAME  14. BIRTHPLACE (State or count)  15. MAIDEN NAME  16. BIRTHPLACE (State or count)  17. INFORMANT (Address)  18. BURIAL, CREMATIC Place (MAIL)	city or town)  city or town)  city or town)  city or town)  ountry)  sasell Any  Bassaura	Mult my my longto lok me work Date may	/d ,135	Neme of operetion	Oate of

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To be complete, an occupation return must state:

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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41 APR 3 1935				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH pluods Within the Corporate home County Registration Dist. No. (II death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long In U.S. if of foreign birth? \_\_\_\_\_yrs-\_\_\_\_mos... Length of residence in city or town where deeth occurred statement 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DtVORCED (gwrite the word) CTL classified 5a. If merried, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet I attended deceesed from (or) WIFE of E 6. DATE OF BIRTH (month, dey, end yeer) certificate. properly 7. AGE If LESS than Months Days to have occurred on the date steted above, et. stated 1 dev. hrs The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence or\_\_\_min. Date of onset 8. Trade, profession, or perticuler THIS ATION kind of work done, es SPINNER. SAWYER, BODKKEEPER, etc. may back Industry or business in which work wes done, es SILK MILL, pluods SAW MILL, BANK, etc ..... 1D. Dete deceesed last worked at 11. Totel time (years) this occupation (month end spent in this AGE that occupation \_\_\_\_\_ 12. BIRTHPLACE (city or town) (State or country) plain terms. FATHER 13. NAME See 14, BIRTHPLACE (city or town) (Stete or country) carefully What test confirmed diegnosis?. MOTHER very important. 23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town) (State or country Where did Injury occur?\_\_\_\_\_ should be (Specily city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) OF 18. BURIAL CREMATION, OR REMOVA -WRITE Manner of Injury mation LION Neture of Injury 24. Wes diseese or Injury In any wey releted to occupetion of deceesed? (Address) If so, specify (Address) Traderiol us Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No.

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BUREAU V #			
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEAT should County Registration Dist. No. No. W Overland I County St.,
(If death occurred in a horpital or institution, give its NAME instead of street and number) Village or City Jo PHYSICIANS How long in U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. statement If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIFD, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of certificate. 7. AGE Yaars Months If LESS than Deys to have occurred on the data stetad above, et. 3 1 day .....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance min. Date of onset 8. Treda, profession, or perticular 28kind of work dona, as SPINNER-SAWYER, BOOKKEEPER, etc. back may 9. Industry or business in which plnods work wes done, as SILK MILL, SAW MILL, BANK, atc.\_\_\_\_ O. Date daceased last worked el 11. Total time (years) this occupetion (month and spant in this that instructions 12. BIRTHPLACE (city or town (State or country supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town ain Name of operation. (State or country) ud carefully What test confirmed diagnosis? d MOTHER important. 23. If death wes due to external causes (VIOLENCE) fill in also the following: OF DEATH Accidant, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 鱼 Nature of injury (Address) If so, specify (Signed) (Address)

V. S. No. 1

BINDING

MARGIN RESERVED

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ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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da Buch

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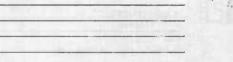
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN





naken should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. IS A PERMANENT RE CACSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02946
1. PLACE OF DEATH	49.0
County Orldrick	Registration Dist. No. 1 3 9
Village or City State San a torum	n The Mad St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)  4 ds. How long In U.S. if of foreign birth? yrs. mos. ds.
1 - Diana Dation	2 > 2
2. FULL NAME JULY HOUST	DINOTAL FOUNT OF MA
(a) Residence: No. Cr. LOS (Usual place of abode)	St., Ward. O CO COUNTY Y VIV
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Simale white Simale	(Month) (Day) (Year)
Sa. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. THEREBY CERTIFY That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 8. 1915	I last saw h. M. alive on March 15, 1935; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 230A m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trade profession or particular	Chorio Epithelioma of ovaries, Date of one t
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Date deceased last worked at this occupation (month and	neys, liver and metastases to Can 4.
a Industry or business In which work was done, as SILK MILL, \ Q Q 1 a c Tarus	Sacoma of Ovary 1935
SAW MILL, BANK, etc. 11. lotal time (years)	()
this occupation (month and 1935 spent in this 2 mg	j with metastesis to
Maryland	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	O. A. C.
13. NAME Solamon Brade	- LAMACUS
13. NAME Solamon Brode  14. BIRTHPLACE (city or town) Frostburg Ma.	Nama of operation. Work Data of
(State or country) alla. Co.	What test confirmed diagnosis? Xray of chest Was there an autopsy? Yes
15. MAIDEN NAME Kate merrill	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
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17, INFORMANT Solomon Brude &	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
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Place Tros lung M desta inknowne	Manner of Injury
11. 8 03	Nature of injury
19. UNDERTAKER VV Lagle Toon.	24. Was diseasa or Injury In any way related to occupation of decaasad?
(Addrass) humout .	(Signed) I want S. Shaffer M. D.
20. FILED Segistrar.	(Address) State Sanaturum Md.
1 18	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. St. II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
UDDITIONS	DI ALUE	TOTE	T. OTCT HITTIE	DIVITINITINI	10.1	THESTORAM

See Letter	filed	Aril	11,	1935	under	Dr.	Shaffer.	changing
		aeath						

TION

(Address)

PHYSICIANS should state set statement of OCCUPA.	1. PLACE OF DEATH  County Frederick  Village or City Frederick Certy  (If	CERTIFICATE OF DEATH 02947  92-00  Registration Dist. No. /3/-  No. /32 W. 3.7 J. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. it of foreign birth? yrs. mos. ds.		
	(Usual place of abode)	If nonresident give city or town and State		
×	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
should be carefully supplied. AGE should be stated EXACTLY. E OF DEATH in plain terms, so that it may be properly classified. Exis very important. See instructions on back of certificate.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. It married, widowed, or divorced	21. DATE OF DEATH  March  (Oay)  (Year)		
	HUSBANO of Octor. J. Carpertes  6. DATE OF BIRTH (month, day, and year) 2 - 3 - 15 69  7. AGE Years Months Days If LESS than	1 HEREBY CERTIFY, That I attended deceased from  1935 to March 24, 1935  I last saw h a alive on March 24, 1935; death is said to have occurred on the date stated above, at 2 Mm.		
	8. Trade, profession, or perticular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Forse which work was done, as SILK MILL SAWYER.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:  Date of enset  Chr. Myrarcutu  Nalular Distance  3		
	SAW MILL, BANK, etc	Other Contributory Causes of Importance:  2 Mark		
	13. NAME Frank Hall,  14. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town)	Name of operation		
	15. MAIDEN NAME Sedry Anna Sheetenhalm  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT May Robersetty  (Address) / 3 2 W: 3 29 Street Sedender  18. BURIAL, CREMATION, OR REMOVAL	23. It death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?		

Where did injury occur?. (Specify eity or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 19. UNDERTAKER

Registrar.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? if so, specify (Signed)

(Address) - Laschench If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

MANTE PL

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

(Address)

	Registration Dist. No. 131	
. 0	1 of the same of t	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
L mos.	1 ds. How long in U.S. If of foreign birth?yrsmosds.	
1	A	
she	o Largeer	
mo		
	If nonresident give city or town and State	
	MEDICAL CERTIFICATE OF DEATH	
WED,	21. DATE OF DEATH	
vord)	March 21, 1930	
	(Month) (Day) (Year)	
	22. I HEREBY CERTIFY, That I attended deceased from	
	Tuesdo 21, 1936, to Incombat, 1935	
181	I last saw h alive on alive on 2, 19 30; death is said	
than	to have occurred on the date stated above, at 11 43 m.	
hrs.		
nin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
	D. A. Date Vi Oriset	
	dolar presumones had to	
	18,	
-<		100
- 5		
	Other Contributory Causes of importance:	
	Name of operation	
	What test confirmed diagnosis? Was there an autopsy?	
1		
-	23. If death was due to external causes (VIOLENCE) fill in also the following:	
	Accidant, suicide, or homicide? Date of Injury, 19	
	Whera did injury occur?	
-	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
ns		
	Mannar of Injury	
935		
	Nature of injury	
	24. Was disease or injury in any way related to occupation of deceased?	
	If so, specify	
1-	(Signad) M. D.	
tran	(Address) Indered ned	
-		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.-WRITE PL.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02949
1. PLACE OF DEATH	13 1
County Treduck within the Corpora	Registration Dist. No. 3
Villago or City Federical	No. 63/ n. huck St., Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Infant Clar	
(a) Residence: No. 631 h. Markex	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  March, 2, 1935  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF RIRTH (month, day, and year) 3/2/35	Hast saw h im altitel low - March 2 1935 death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 2. P
0 0 1 day, 7 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	Stiel bur Date of onset
SAWYER, BOOKKEEPER, etc.	
work was done, es SILK MILL,	
To Date deceased last worked at this occupation (month and spent in this occupation — occupation	
7.0	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	
Ε	
(State or country)	Name of operation
	What test confirmed diegnosis? Was there an au'opsy?_No
E 7 0 b	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) The Control of State or country) Buchanon Va	Accident, suicide, or homicide? Date of Injury, 19  Where did injury occur?
17. INFORMANT Hung Clark	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frederick ) Ned  18. BURIAL - CREMATION: OR REMOVAL	
Place MX Carend Date Mich 3, 1930	Nature of injury
19. UNDERTAKER 6 E. Coline + Long (Address)	24. Was disease or injury in any way related to occupation of deceased?No
2-Mil 31- James 1.	(Signed) Auto Lebandana M. D.
20. FILED 1950 Registrat.	(Address) Bath D. Mush 8/2. Order M.D.
IC III C. D.	

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BUREAU V. S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V.S. No. 1

N. B.—(WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

state JPA.	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	050	
= =	1. PLACE OF DEATH	-	93-0	000	
OCC	County Frederick		Registration Dist. No. 13		
sh	Village or City Comengen		death occurred in a hospital or institution, give its NAME instead of street and n		
ent	Length of residance in city or town where daath	occurred y/smos.	How long In U.S. if of foreign birth?yrsmo	sds.	
CIT	2. FULL NAME 7140. Q	leve RCran	Uly		
YSICIANStatement	(a) Residence: No	(Usual place of abode)	No., Ward.		
PHYSICIANS act statement	PERSONAL AND STATISTICA		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	Mate	
Exact	3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
2	Female White.	OR DIVORCED (write the word)	(Month) (Day)	193 5	
C T ified	5a. If married, widowad, or divorced HUSBAND of	10 (10		(Yaar)	
X A C T I classified.	(or) WIFE of Mr. Searge	carmer.	22. I HEREBY CERTIFY. That I attended decassed from		
	6. DATE OF BIRTH (month, day, and yaar)	10 105		daath is said	
d I	7. AGE Yaars Months	Days If LESS than	to have occurred on the data stated above, at 3 Pm	, daath is said	
stated E properly certificate.	X2, 9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance		
	8. Trade, profession, or particular		ware as follows:	Date of onset	
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	terilo	Hy postation knowing	may 15	
should it may n back	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	wife	6.	35	
sh it	0 10. Date deceased last worked at	11. Total time (years)	Trimory Cause : Chronice myocondities, fol		
	this occupation (month and year)	spent in this occupation	- loved by branche- Johnsonia. Every		
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	1	Other Centributery Causes of importance:		
s, s,	(State or country) Ma	ryland.			
upplied terms, instri	13. NAME (nelsew gern	and (Decessed	)		
	14. BIRTHPLACE (city or town)	A	Name of operation Date of		
13	(State of country)	asyland.	What tast confirmed diagnosis? Was there an au	topsy?	
be carefully EATH in pla important.	16. BIRTHPLACE (city of Jown)	more thereas	Af daath was due to external causes (VIOLENCE) fill in also the following:		
cal TH	O 16. BIRTHPLACE (city of town)	and and	Accident, suicida, or homicida? Date of injury	, 19	
	M. M X	·1	Where did injury occur?(Specify city or town, county and State	)	
	17. INFORMANT	Jelle Gradilich m	Specify whether injury occurred in INDÚSTRY, In HOME, or In PUBLIC PLAI	JE.	
shou E OF is ver	18. BURIAL, CREMATION OF REAPOVAL	Sal DE	Manner of Injury		
	Placa Walkersville D	ate Mar. 25, 19 35	Nature of injury		
CAUS	19. UNDERTAKER S. W. Wr	ight ,	24. Was disaase or injury in any way related to occupation of daceasad?		
101	(Addrass) Illachesser	al ma	If so, specify		
(1)	20. FILED 23- Morel 1925 and	Fri Con On	(Signad) R	M. D.	
		Registrar.	(Address)		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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Exact statement of OCCUPA.

, 1	. PLACE OF DEA	тн	F MAR	/LAND-	CERTIFICATE OF DEATH	12951
		rtons ville	th occurrad. 3	yrsmos	Registration Dist. No	t., Ward et and number)
:	(a) Residence: No.	harles Wes Bartonsvil		is	St. Ward. Bartonsville, Md.	
econo.			(Usual place of		If nonresident give city or tow	
-	PERSONAL AN				MEDICAL CERTIFICATE OF DEA	rH
3.		ol ored	or Divorced	(write the word)	21. DATE OF DEATH  March  (Month)  (Day)	, 193 <u>35</u> (Yaar)
5a.	If married, widowad, or divo HUSBAND of (or) WIFE of	emi A. Ros	SS		22. I HEREBY CERTIFY That I att	andad daceasad
6.	DATE OF BIRTH (month, day	y, and year) Ma.1	rch 17,	1844	I last saw h 4 aliva on 3 - 8- 19	35-; death is said
7.	AGE Yaars	Months	Days	If LESS than	to have occurred on the data stated above, at 12:10Pm.	
	90	11	22	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:	Date of onset
VOCCUPATION	8. Trade, profession, or price work done, SAWYER, BOOKKEE  9. Industry or business in work was done, as SAW MILL, BANK, of this occupation (moy year)	as SPINNER, Fe PER, atc	itter Far	rme	Cerebral aptfelezz	3/7/3s
_	BIRTHPLACE (city or town) (State or country)  13. NAME Nichol	Marylar as Davis	nd		Other Contributory Causes of importance:  Orteres pelevists	
FATHER	14. BIRTHPLACE (city or to (State or country)	wn) Marylar	nd			e of
ER	15. MAIDEN NAME Ma	ry White			What test confirmed diagnosis? Was that	
MOTHER	16. BIRTHPLACE (city or to (State or country)		and		23. If daath was dua to axtarnal causes (VIOLENCE) fill in also the fol Accident, suicide, or homicide? Data of injury Where did injury occur?	, 19
	INFORMANT Mrs. (Addrass) Barto	nsville, N	Maryland		(Specify city or town, county at Specify whather injury occurred in INDUSTRY, in HOME, or In PUBL	IC PLACE.
18.	Burial, Cremation, or R	removal Barto	onsville Data March	Colored C	Nature of injury	
19.	UNDERTAKER M. R. (Addrass) Frede	Etchison rick, Mary			24. Was disaasa or injury in any way related to occupation of dacaasa  If so, specify	d?
20.	FILED Man 9,	1935 Lessie	m K. Fa	Registrar.	(Signed) (Address) Tederela, M	Lel M.D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
\$0.00 AT V - 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

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	Example II				
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
1915	Attack of epilepsy	1 week ago			
1921	Run over by street car	1 week ago			
July 5,1927	Peritonitis	3 days ago			
	Other contributory causes of importance:				
May 1,1923	Gastroenteritis	1 year			
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:			

N. B.-WRITE PL

STATE OF MARYLAND	CERTIFICATE OF DEATH 0905	?
1. PLACE OF DEATH	108)	)
County Trederick	the Correction Dist. No. 131	
Villago or City Frederick	489 m Catrick	Vard
	death occurred in a hospital or institution, give its NAME instead of street and number)	raiu
Length of residence in city or town where death occurred JO_yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Trances Durion	leg	
(a) Residence: No. 489 M. Patrick	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Much 29 (Year (Month) (Day) (Year	
5a. If marriad, widowed, or divorced HUSBAND of		
(or) WIFE of	1 HEREBY CERTIFY, That lattended decaased	from
6 DATE OF BIRTH (2001) 411 - 1889	Men 23 1935 to Merch 27 196	بين
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw here alive on Mark 2, 1935; death is to have occurred on the data stated above, at 2 m.	said
45 8 2 1 day,hrs.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
ormin.	wara as follows Date of o	nset
8 rada, profession, or particular kind of work dona, as SPINNER, Servaux	Later Brownia 3/2	5%
9. Industry or business in which	Jeumster 5/23	)//
work was dona, as SILK MILL, SAW MILL, BANK, etc		
10. Data deceased last worked at this occupation (month and spant in this		
year) occupation	Other Coutributory Causes of Importance;	
12. BIRTHPLACE (city or town) Carroll Co.	other country cause of importance.	
(State or country)		
13. NAME Platty J. Duriney		
14. BIRTHPLACE (city or town) Carroll Con	Name of operation	
(State or country)	What test confirmed diagnosis? Was there an au'opsy?	w.
15. MAIDEN NAME UM Bosstick	23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town) Trederick Co	Accidant, suicide, or homicide? Date of injury, 19	
(State or country)	Where did injury occur?	
(Address) Fredrick Maris	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL	Manner of injury	
Place Tauview Com Data Meh. 30, 1934	Nature of injury	
19. UNDERTAKER 6-E. Chine + Low	24. Was diseasa or injury in any way related to occupation of daceased?	
(Address) Frederica red.	If so, specify	
20, FILED 35-mcl. 10 25. Drs 9 mccurly	11 6/13	M. D.
Registrar.	(Address) Predenil und	
		markens.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
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July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:		

# 02954 STATE OF MARYLAND

1 5	PLACE OF DEATH /	CTATE OF MADY AND
Sax	7	STATE OF MARYLAND
T M	County Frederick	93-C CERTIFICATE OF DEATH
#ied filed	Pl II	Registration Dist. No. 137
For	Village or Og berlylown (No.	St.: Ward) (If death occurred in a hospital or institu-
(A)	79	tion, give its NAME it -
E P	2FULL NAME/ Francis Coste	stead of street and number.)
ted per erti	PERSONAL AND STATISTICAL PARTICULARS	
Col		MEDICAL CERTIFICATE OF DEATH
000	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,	16/DATE OF DEATH Mar. 7 1935
2 C 2	Make Black OR DIVORCED (Write the word)	
na na	6 DATE OF BIRTH	(Month) (Day) (Year)
it or	2 Unknown 185	2-1950 1950 to Mary 7 ,1985
at ans	(Month) (Day) (Year)	that I last saw him alive on Mar. 6 1990
Action		
so ruc	7 AGE	
lle ns	80 yrs. mos. ds. or min.?	The Choose of BEATH Was as follows:
pp eri	8 OCCUPATION	Myocardilis; Chronic, Aura
Ser	(a) Trade, profession or Laborer Laborer	
II.y	(b) General nature of industry	tion: unknown a Central
n p	business, or establishment in which employed or (employer)	Mutuowe (Duration) yrs. mos. ds.
H	9 BIRTHPLACE	Contributory
ATA	(State or country)	Secondary
S D D	1 10 NAME OF	(Duration) yse mosds.
Te Ve	FATHER Brank horses	(Signed) M. M. D.
is on	() 11 BIRTHPLACE	Mar. 7 1990 (Address) Sebertylown
USD N	OF FATHER Z (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
CA	TIZ MAIDEN NAME	Accidental, Suicidal or Homicidal.
A P	of MOTHER Harriet Bowers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
tat	13 BIRTHPLACE	At place In the
L L	OF MOTHER (State or country)	of deathyrsds. Stateyrsmosds.
uld of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Tho ho	M. Ma	Former or usual residence
ne	(Informant) Mary XX less	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
te to	(Address) That Is town mod.	Toler tutario ministra 25
CI Sta		20 UNDERTAKER ADDRESS / /
16	15 Filed Man 7 1921 Thousand	Parel Hallowed Tilestan MI
	. Registrar	Toward mander serandron me
Z	If more banks are needed, address tate Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

PERMANE

Y

WITH UNFADING INK--THIS IS

MARGIN RESERVED FOR BINDI



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Hausekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of etc., For many occupations a yrs. For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on (b) Grocery;

Stritement of Cause of Death—Name, first, the DISEASE COUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Dishtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) or as probably such, if impossible to determine definitely (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL scpticaemia," "PUERPERAL peritonities," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mon-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

/	OF DEATH Frederick			Within the C	orpo.e u.u.c.	92-0		. 1	21
	r City Frederi	ck		44.40		ick City H	gistration Dist.	No	
	residence In city or town		h occurred 4		death occurred in a hor	pital or institution, give	e its NAME inst		
	NAME Samuel			**					
	dence: No. Franc				SV St W	ard.			
			(Usual place o	f abode)	<i>y</i> 0.,		nonresident give	cily or town an	id State
	ONAL AND STA	-				DICAL CERTII	FICATE OF	DEATH	
Male	4. COLOR OR RA	CE 5.	OR DIVORCED	(write the word)	21. DATE OF		rch	16th,	, 193_5(Year)
HUSBAND (		++n R:	itchie		22. 1 H I	EREBYCE	DILEY	That I allowed	
(or) WIFE o	f	0 000	LCOILEC		11- man		, to 16 -		
6. DATE OF BIR	TH (month, day, and year	, Dece	ember 16	, 1861	I last sew h		noh-	1935	
7. AGE		onths 3	Days	If LESS than I day,hrs. ormin.		the date stated above, USE OF DEATH and r			
SAW'	rofession, or particuler of work done, as SPINN YER, BOOKKEEPER, etc				Carona	2	rombo	81a	Date of ons
C) Doto do		,1935	11. Total tin spant occup		woruz	Ducomf	stewn	Þ	1930
12. BIRTHPLACE (State or		kyesto yland	own	***************************************					
13. NAME (	rafton Duva	11							
	ACE (city or town)	yland				diagnosis?			autoney M
	NAME Columbi	a Duti	COW		23. If death wes due to				
	ACE (city or town)e or country) Mar	yland	*****			homicide?			
17. INFORMANT . (Address)	A. R. Wall 1206 N. Ma	is rket	t., Fre	derick, Mo		(Spe ry occurred in INDUS	TRY, in HOME,	or in PUBLIC P	ale) LACE.
18. BURIAL, CREE	MATION, OR REMOVAL rederick, Md	Mt. O	ivet <sup>C</sup> e Dete March	metery 19, ,, 35	Manner of injury Nature of injury				
19. UNDERTAKER (Address)	M. R. Etch Frederick.	ison & Maryl	s on and		24. Was disease or in		ed to occupation	of deceesed?	No
20. FILED 17-9	horch, 19 75	_	Jan S	condy,	(Signed)	tro 17	meler	redy	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRITE PLAINLY, WITH UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be ration should be carefully supplied.

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

MARGIN RESERVED FOR BINDING

of OCCUPA-

Exact statement

IS A PERMANENT RECORD. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUDEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02956
1. PLACE OF DEATH	93.0
County Trederick without the Gor	, 21
Villago or City Frederick	No. 204 E. Church St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME anastasia D. Es	lking
(a) Residence: No. 204 E. Church	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 1
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND OF (Or) WIFE OF David Telking	22. G. HEREBY CERTIFY That I ettended decessed from 1935 to March 1 1935
6. DATE OF BIRTH (month, day, end yeer) with 11-1662	I lest saw h A alive on Thorch / 1935; deeth Is seid
7. AGE Years Months Deys If LESS then 1 day,	to heve occurred on the date stated above, et
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Catalogue SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done as SILK MILL	arterio schrosia +
9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc	Impocardillo; chronico Gaston
10. Date decesed lest worked at this occupation (month and spent in this	Durstin : four years
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or countys)	
7	
4 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Alt me la me Westhere en au'onsy? NO
15. MAIDEN NAME Kathering to Houls	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
X (State or country)	Where did injury occur?
17. INFORMANT Too. Cellary (Address) Federal Ted	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place To her the Deal of the Company of the Com	Menner of injury
16115/42	Nature of injury
19. UNDERTAKER 10 Z. 10 Line Ton (Address)	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILED 4- Marel 1935 Draft mc Curly	(Signed) The Amilt M. D.
(/ (Reg)strar.	(Address) U'Mullian Ma

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



Exact statement of OCCUPA-

MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	- CAUSE OF DEATH in plain terms, so that it may be properly classified.	NON is very important. See instructions on back of certificate.
V. 5. 100. 1	N. BWRITE PLAINLY, V	mation should be caref	AUSE OF DEATH in	NON is very importan

V. S. No. 1

	S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 129	157
/1	I. PLACE OF DEA					
	County Freder			MANUAL CO.	Registration Dist. No. 13	
	Village or City Fr	ederi <b>c</b> k			No. 21 EASI ALL SAW IS St.	Ward
	Length of residence in c	ity or town where	death occurred 40	Oyrsmos	death occurred in a horpital or institution, give its NAME instead of street and it	number) osds.
	. FULL NAME I	da Gertru	de Engle	orecht		
	(a) Residence: No.	21 East A	11 Saint		St., Ward.	
-	PERSONAL AN	ID STATIST	(Usual place		If nonresident give city or town and	State
3.		OR OR RACE	1	RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
_	Female W	hite	OR DIVORCE	(write the word)	3 — 20 (Month) (Day)	193 (Year)
5a.	HUSBAND of (or) WIFE of John	D. Engle	brecht		22. I HEREBY CERTIFY, Thet I ettended	
6.	DATE OF BIRTH (month, da	y, and year) NOV	vember 6,	1860	was physician to Coronos i	; death is said
7	AGE Years	Months	Days	If LESS than I day,hrs.	to heve occurred on the date stated above, at 9.41 Pm.	
_	74	4	13	ormin.	The PRINCIPAL CAUSE OF DEATH and related couses of importance were as follows:	Oate of onset
200	8. Trade, profession, or p kind of work done, SAWYER, BOOKKEI	articular as SPINNER, F EPER, etc.	Housewife		Cardena abotaton	3/. /
V	9. Industry or business in work wes done, es SAW MILL, BANK,	n which SILK MILL. A	t Home		The state of the s	72073
0	10. Date deceesed last wo this occupetion (mo year)	rked et Pend 1935	11. Total ti	me (yeers) nt in this 50yrs		
12.	BIRTHPLACE (city or town) (State or country)				Other Contributory Causes of importence:	
					arteris Scherous	3
HFR	13. NAME Herman	F. Bebrin	ıg			,
LA	14. BIRTHPLACE (city or to (State or country)	wn) Marylar	nd		Name of operation Date of Whet test confirmed diagnosis? Wes there an e	ulonev? 742.
71	15. MAIDEN NAME Lu	cy Garsh			23. If death wes due to external causes (VIOLENCE) fill in also the following	
2	16. BIRTHPLACE (city or to (State or country)				Accident, sulcide, or homicide?	
17.	INFORMANT John H (Address) 21 E.	Englebr	echt	b <b>v</b>	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL/	ACE.
18.	BURIAL, CREMATION, OR F			Cemetery	Menner of injury	
19.	UNDERTAKER M. R. (Address) Frede	Etchison rick, Mar	& Son yland		24. Was disease or injury in any way related to occupation of deceased?	No.
20.	FILED 21-Meth.	1935. Qu	et his	Registral.	(Signed) Jely (December (Address) Judenil und.	≥M. D.
		Tf more	blanks are moded.	Hans State D.	NO. 1 C P. C.	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	•
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

1. PLACE OF DEATH  County  Village Dr City  Length of residence in city or town where death occurred  Length of residence in city of town where death occurred  Length of residence in city of town where death occurred  Length of residence in city of town and State  Length of residence in city of town and State  Length of residence in city of town and State  Length of residence in city of town and State  Length of residence in city of town and State  Length of residence in city
Village Dr City.  Length of residence in city or town, where desth occurred.  Length of residence in city or town, where desth occurred.  Length of residence in city or town, where desth occurred.  Yes.  March 1 death occurred in a horpital or institution, give its NAME instead of street and number)  How lang In U.S. If of foreign birth?  When In U.S. If of oreign birth?  When In U.S. If of foreign birth?  When In U.S. If of oreign birth?  When In U.S. If of oreign birth?  When In U.S. If of oreign birth?  When In U.S. If on Interiod with a how lang in the property of the work of the U.S. If one in the U.S. If one in the U.S. If oreign birth?  When In U.S. If one in the U.S. If one in the U.S. If oreign birth?  When In U.S. If one in the U
(If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred
Length of residence in city or town, where death occurred
2. FULL NAME  (a) Residence: No.  (backliberd. Co. M.d.  (Usualpik) of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (wiric, the word)  4. If married, widowed, or divorced HUSBAND of (or) WiFe of  6. DATE OF BIRTH (month, dey, end year)  7. AGE  Years  Months  Deys  1f LESS than I dey, hrs. or min.  8. Trede, profession, or particular  S. Tr
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  4a. If married, widowed, or divorced HUSBAND of (or) WiFE of  4. DATE OF BIRTH (month, dey, end year)  7. AGE  Years  Months  Deys  If LESS than I dey, hrs. or min.  8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL,  WILLIAMS  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE  MEDICAL CERTIF
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED ("write, the word)  4. If married, widowed, or divorced HUSBAND of (or) Wife of  6. DATE OF BIRTH (month, dey, end year)  7. AGE Years Months Deys If LESS than I dey, hrs. or min.  8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL,  WINDELD ARRIED, WIDOWED, WIDOWED, OR DIVORCED ("write, the word)  21. DATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  MONTH M
3. SEX 4. COLOR OR RACE OR DIVORCED (write, the word)  4. If married, widowed, or divorced HUSBAND of (or) Wife of  6. DATE OF BIRTH (month, dey, end year)  7. AGE Years Months Deys If LESS than I dey,hrs. ormin.  8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL,  9. Industry or business in which work wes done, as SILK MILL,
## STREET FOR SETTIFY. The intended deceased from the same of the
HUSBAND of (or) Wife of  6. DATE OF BIRTH (month, dey, end year) Oct. 3 D-1911  7. AGE Years Months Deys If LESS than 1 dey. hrs. or min.  8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL,
6. DATE OF BIRTH (month, dey, end year) Oct. 30-1911 7. AGE Years Months Deys If LESS than 1 dey,hrs. Ormin.  2 3 4 6 10min.  8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL,
7. AGE  Years  Months  Deys  If LESS than  1 dey,hrs.  ormin.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:  Date of one et  SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SPIK MILL,  MILL,  Work wes done, as SILK MILL,
2 3 4 6 1 dey, hrs. or min.  8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL,  9. Industry or business in which work wes done, as SILK MILL,
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL,  Date of onset  Bullway 1 Were 193
9. Industry or business in which work wes done, as SILK MILL,
9. Industry or business in which work wes done, as SILK MILL,
SAW MILL, BANK, etc.
11. Total time (yeers) this occupation (month and part 1931 year) occupation
12. BIRTHPLACE (city or town). V Carrie Dther Contributary Canses of importence:
(State or country)
II 13. NAME Samuel Finall
13. NAME Samuel Junel  14. BIRTHPLACE (city or town)  Name of operation  Name of operation
Whet test confirmed diagnosis? When A Court & Co. Wes there en autopsy?
E South West of the Colored Control Colored Co
16. BIRTHPLACE (city or town)   Accident, suicide, or homicide?   Date of injury   Date o
(Specify city or town, county and State)  17. INFORMANT Qua 9. Finall (on admussion Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,  (Address) 9 ) anton Clack. Co. M. d.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury
Place La Fla La MO Date m Mouves Nature of injury
19. UNDERTAKER M. J. Colagon of Jon 24. Was disease or injury in any way related to occupation of deceased? W
(Address) humani If so, specify to the state of the state
20. FILED State Sanatorum M. D.  Registrar. (Address) State Sanatorum M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İl	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 8 1055			
Other contributory causes of importance:		Other contributory causes of importance:	H-B Mile
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02959
1. PLACE OF DEATH	95-8
County Trelencek	Registration Dist. No. 134
Village or City Limitaline	No. St., Ward
Length of residence in city or town where death occurred 15 yrs 11 mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  s. / 4 ds. How long in U.S. if of foraign birth?
2. FULL NAME Charles O.	Gelevicko
(a) Residence: Np.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Servel	21. DATE OF DEATH  May 10, 1935  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Leaseh 26- 1919	Mast saw him alive on Mar 10 1935 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 9 Pm.
15 1/ 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work dona, as SPINNER, Salver, BDDKKEEPER, etc	Rematic Carditis Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	
Data deceased last worked at this occupation (month and year) spent in this occupation occupation	
Eto	Dther Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	unic reparted "mai, 1758
13. NAME allen Eglinicke	
14. BIRTHPLACE (city or town)	Name of operation none Date of none
(State or country)	What test confirmed diagnosis cline Devace Was there an autopsy? The
15. MAIDEN NAME Ward & Spelling	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT alley Gelineley (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREIDATION, DR REMOVAL	Manner of Injury
Place townshing look 3/13 ,1935	Nature of Injury
19. UNDERTAKER Zu. J. Shiff J. T. A.	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED MCM 1Z, 19.35 M. F. Shuff	(Signed) W.R. Calle M. D.  (Address) Eurowikher M.A.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1511	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02960
1. PLACE OF DEATH	(159)
County Freduit City Sospilal	Pittale the Corporate Health Registration Dist. No. 131
Village or City Frederick Ind	No. St., Ward
Length of residence in city or town where death occurredyrsemos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds How long in U.S. if of foreign birth?
2. FULL NAME Cyston Glogs	1 Turn #1
(a) Residence: No. 47 - 8.3" SA.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Musch. 5-1935  (Month)  (Day)  (Year)
5a. If married, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Music S 10 3 Sto May S 103 S
6. DATE OF BIRTH (month, day, and year) March 5-1935	liast saw h 1 alive on May 1 19 35; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at
I day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Trade, profassion, or particular	Date olonset
SAWYER, BOOKKEEPER, etc.	Orlenaluse
9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	7 mor
To Date deceased last worked at this occupation (month and year) 11, Total tima (years) spant in this occupation occupation	Fred 2 he after Brite
7.1.	Other Coutributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Coulton a Sloys  14. BIRTHPLACE (city or town) Shithership  (State or country)	Name of operation
4 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary and Mycro	23. If death was due to axternal causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Mary live Myers 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
S (Stata or country)	Whera did injury occur?
17. INFORMANT Earl Mylia (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Piaca PLAN Neumanne Date 3/1 1947	Manner of injury
19. UNDERTAKER 6-E. Colour Atom (Address) Freduing Med.	24. Was disease or injury in any way related to occupation of decaased?
20. FILED 5 Mile, 1921. Amberredy Registrar.	(Signed) Luno M. D.  (Address) Lalentum
Negistrat.	The discount of the state of th

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage :	July 5,1927	Peritonitis	3 days ago
PURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		le l	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 5 1615			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

- 6			
			4

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02962
1. PLACE OF DEATH	157.0
County Frederick	Registration Dist. No. 140
Village or City Woodeboro	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	27.ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Pay Elwood &	ross Iwin #1
(a) Residence: No. Wordsbow	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR MR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male white OR DIVORCED (ware the word)	21. DATE OF DEATH March: (0- , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Feb. 9. 1935	I last saw h. Sixo Rel J Way D Ea J 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred the free stated of the Saur set Died 8-A.m.
∠ 27 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows;
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	Huslary of Blue Baby Date of onset
9. Industry or business in which	non closury or
work was done, as SILK MILL, SAW MILL, BANK, etc	Transmen Ovols D
O 1D. Date deceased last worked et this occupation (month end year) 11. Total time (years) spant in this occupation occupation	
12. BIRTHPLACE (city or town) Woodsfore	Other Contributory Causes of Importance:
(State or country) maryland	
13. NAME Austin B. Sross  14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Frene Machter  16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIDLENCE) fill In also the following:
O 16, BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
makhu Buth Hand	Where did injury occur?
17. INFORMANT (Address) The state of the sta	4
18. BURIAL, CREMATION, DR REMOVAL Com. Date March 7, 1935	Manner of injury
u W. Illright	24. Was disease or injury in eny way related to occupation of deceased?
19. UNDERTAKER (Address) Tralkersunde Ma.	If so, specify
20, FILEO 3/6 1935- 26 Parosee	(Signed) (5 a. Stulf M. D.
Registrar.	(Address) Mooda back Md.

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Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	TA PARAMETER AND A PARAMETER A	Example II	
The principal eause of importance were a	of death and related causes s follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 4 1895	July 5,1927	Peritonitis	3 days ago
	SURTAU V. S.			
Other contributory ea	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

SICIAN
SICI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The second secon			

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(940)
County fredunck Within the Co	Registration Dist. No. / 3 /
Villago or City Tredirick	No. 26 M. Fouth St Ward
' En	If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Loewes Ha	berkorn
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrige the word)  Married	21. DATE OF DEATH March 31. 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cerueline Habrakan	22.   I HEREBY CERTIES. That I etynded decessed from
6. DATE OF BIRTH (month, day, end year) Mach, 25-1855	West saw h m alive on march 31 19 35; deeth is seld
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at
8 D 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
8 Trade profession or postigular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Retired Bags. SAWYER, BOOKKEEPER, etc.	Angena Pectoris
SAW MILL, BANK, etc.	
10. Deto deceesed lest worked et 0 = 1/930 11. Totel time (yeers) spent in this yeer) occupation 40 72	
a morning of tred rich	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) / Carlot (Stete or country)	Astisia dalisació
	1wara your ar
13. NAME tohu Habersony  14. BIRTHPLACE (city or town) In Long	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country) Gerhuany	Whet test confirmed diegnosis? _ Alf man and we was there en eu'opsy? _ M.
15. MAIDEN NAME Dout Ruous	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Dout Known  16. BIRTHPLACE (city or town) Dout Known  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Calines Haberton (Address) Washington D. C.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place M. Oliver Cares Dete age 3, 195V	Neture of injury
19. UNDERTAKER 6-E. Cline + Lon (Address) Grederica red	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 2 - april 1935 Dra In Carrely	(Signed) Amus Amus M.D.
Registray.	(Address) Till All All All All All All All All All

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



V. S. No. 1

KRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. tion should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

STATE C	F MARYL	_AND-	CERTIFICATE	OF DEAT	H 02	965
County Frederick	Water	w the Corne	-09	D : ( .: D:	12	1
		HW D	Maria miles	Registration Dis	st. No1	2./
Village or City Frederick		(lf	death occurred in a hospits or institut	tion, give its NAME is	stead of street and	Ward
Length of residance in city or town where	deeth occurred 20	yrsmos	ds How long in U.S. if o	f foreign birth?	yrsm	osds.
2. FULL NAME Lucinda Ja	ne Maifleig	h				
(a) Residence: No. 3 E. Six	th		St., Ward.			
	(Usual place of al			If nonresident giv	e city or town and	State
PERSONAL AND STATIST	ICAL PARTICU	LARS	MEDICAL CI	ERTIFICATE O	OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIEL OR DIVORCED (72 Divorced		21. DATE OF DEATH	March (Month)	20th,	, 193 35 (Yaar)
5a. If merriad, widowed, or divorced	•				,	
HUSBAND of Hager White			22. HEREBY	CERTIFY	That I attended	deceased from
To.	nu 10 }	OEE		10 to	10 31	10 19DV
6. DATE OF BIRTH (month, dey, and yeer) J8. 7. AGE Years Months	nuray 10, 1	If LESS than	I lest sew h elive on		19.2.	_; deeth is sald
80 2		day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT		Y_m,	
	1 100	rmin.	wera as follows:	I end releted ceuses	)	Data of onset
SANTER, DOUNNEEPER, BIG.	Housewife		Chronic 1	tiven	dition	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	At Home			<u> </u>		
10. Data deceased lest worked at this occupation (month and yeer)	11. Total time (	this =				
			Other Contributory Causes of impo	rtence:		
12. BIRTHPLACE (city or town) (Steta or country) Maryland						
	igh					~~~~~~~
13. NAME 12 Koh Haille 14. BIRTHPLACE (city or town) Marvla			Neme of operation		Dete of	
14. BIRTHPLACE (city or town) Maryla (Stata or country) Maryla	nd		What test confirmed diagnosis?			woney? 74.0.
15. MAIDEN NAME Mary Titlow			23. If death was dua to external cause			
15. MAIDEN NAME Mary .Titlow 16. BIRTHPLACE (city or town) (Stata or country) Maryla	nd		Accidant, suicide, or homicide?			
17. INFORMANT Lewis White (Address) Frederick, Mar			Specify whether injury occurred in	(Specify city or tow INDUSTRY, in HOME	vn. county and Stat , or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Fai	rmont Cemet	ery 3, 1935	Manner of injury			
19. UNDERTAKER M. R. Etchison (Address) Frederick, Mar	& Son yland		24. Was diseasa or injury in any wa	ny clated to occupation	on of deceased?	w.
20. FILED 21 - NICH. 1935. Qu	a Jhico	Registrate	(Signed) (Address)	Au	deux	Med. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

MARGIN RESERVED

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Example I	17	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on pack of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	TE LIMITE OF (7)
County Frederick 17 H	Registration Dist. No.
Village or City Aldrick	No. City Irskital St., Ward
Length of residence in city or town where deeth occurred	death occurred in a holpital or institution, give its NAME instead of street and number)
2. FULL NAME Threadsor Haven	kine
(a) Residence: No. 2001	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  The state of the	21. DATE OF DEATH March 17, 19335 (Month) (Oey) (Year)
5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) wire or	Thank 7, 1935, to Descal 17, 1935
6. DATE OF BIRTH (month, day, end yeer) Uch. 25, 1927	I lest sew bianalive on 2,19,35, deeth is said
7. AGE Years   Months Oeys   If LESS the f	to heve occurred on the date steted above, et 3 -6 _m.
- 1 900 P V 6 50rmin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
78. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Encephalities meaning money
work was done, es SILK MILL.	encephalities lathargical or " Part
SAW MILL, BANK, etc  10. Oete decessed last worked et this occupation (month end spent in this counsetion (month end spent in this counsetion).	mess." Quely
O this occupetion (month end spent in this occupetion	
12. BIRTHPLACE (city or town) Asbana	Other Contributory Causes of importance;
(State or country) Mary Land	La Engle Mart 7.
13. NAME Silmer R. Hawkins	
14. BIRTHPLACE (city or town) amonty to	Neme of operation Dete of
(Stele or country)	Whet test confirmed diagnosis? Wes there an autopsy? No
15. MAIOEN NAME Of A STORE OF THE OF	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town) Clarkshung	Accident, suicide, or homicide?Oate of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Silmer Hawkens (Address) Frederick MA	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Alackarille Dete Mcla / 9, 1935	Neture of injury
19. UNDERTAKER A ON A MEN A MEN A MACHINE MACH	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILEO & Paul, 1935, In & mc Caral Registrat,	(Signed) DO Comment M. D.  (Address) Francisch 2014
If more blanks are needed, address State Registrars.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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i)	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B. matien should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—CERTIFICATE OF DEATH

0296

A. PLACE OF DE	ATH			Company therefore	00
County Frede			A telebrain to	Pariotestim Diet No. 12	1
Village or CityF	rederick		(I	Registration Dist. No.  No. 300 N. College Arter of the feeth occurred in a hospital or institution, give its NAME instead of street and nur	War mber)
Length of residence in	city or town where	death occurred	9yrsmos	sds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME	Mrs. Helen	n Kreemer	· Heatwole		
(a) Residence: No.	300 N. Col	llege Par	kway	St., Ward.	
PEDGOMA		(Usual place		If nonresident give city or town and St	ate
PERSONAL A		1		MEDICAL CERTIFICATE OF DEATH	
Female W	hite		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  March  (Month)  (Day)	193.5 (Year)
5a. If married, widowed, or di HUSBAND of (or) WIFE of Char	les E. Hes	twole		22.   HEREBY CERTIFY, That I attended de	ceesed fro
6. DATE OF BIRTH (month,	day and year) De	ecember 2	. 1856	I last saw her alive on Mar 15 1933;	
7. AGE Years 78	Months 3	Days 13	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, at 12:40Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	DUSCH 13 38
8. Trade, profession, or kind of work don SAWYER, BOOKK 9. Industry or business work wes done, a SAW MILL, BANK	e, as SPINNER, EEPER, etc In which s SILK MILL,	Housewife At Home		Chronic Mayo carditis	Oate of onse
0 10. Date deceased lest w		spe	tima (years) int in this 50 yr		
12. BIRTHPLACE (city or tow (State or country)	n)Maryle	ind		Other Contributory Causes of Importance:	
13. NAME Andrew					
14. BIRTHPLACE (city or (State or country)	town)W. Vas	<u></u>		Name of operation Date of What test confirmed diagnosis? Was there an auto	- 21/
15. MAIDEN NAME E		larbury		23. If death was due to external causes (VIOLENCE) fill in also the following:	psy 12 200
15. MAIDEN NAME E  16. BIRTHPLACE (city or (State or country)	town) W. Va.	••••••		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Mrs. (Address) 300	N. College	Parkway	, City	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR Place Romney,	REMOVAL RO	Date Marc	etery h 17, 19 35	Manner of injury	
19. UNDERTAKER M. R (Address) Fred	. Etchisor erick, Mar	wland		24. Was disease or injury in any way related to occupation of deceased?	w.
20, FILED 16 mily	ر ( کور ۱	Amle	ellegistrar.	(Signed) Lamas	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 5 15:5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

/	item of infor-	should state	of OCCUPA.	
	RECORD, Every	F. PHYSICIANS	Exact statement	
MANGIN NESERVED FOR DINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CALSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	tificate.
TO A VECT	INK-THIS IS	E should be st	at it may be pr	s on back of cer
MENGIN D	TH UNFADING	ly supplied. AG	lain terms, so th	See instruction
	PLAINLY, WIT	nould be carefull	OF DEATH in pl	HON is very important. See instructions on back of certificate.
	-WRITE	manion st	CADSE	FON is

N. B.-WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (12)	969		
1. PLACE OF DEATH	(30)			
County Tredericle	Registration Dist. No.	31		
Village or City Errer alucy top tal 14	1 along the Party	W4		
	death occurred in a hospital or institution, give its NAME instead of street and n	wmber)		
Length of residence In city or town where deeth occurredyrsmos	2 / ds. How long in U.S. if of foreign birth?	sds.		
2. FULL NAME Strails & tobbs				
(a) Residence: No. In Landels Mid	- shouladnes			
(Usual place of abode)	If nonresident give city or town and	State		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4 COLOR OR RACE 15 SINCLE MARRIED WINDWED	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH	, –		
Male Mull sengle	(Month) (Dey)	(Yeer)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I ettended d	lana and form		
(or) wise of	Oct 18 1934 to March 23	leceased from		
6. DATE OF BIRTH (month, day, and year) Qpril 12, 1868	I last saw here elive on March 23 ,1935	death is said		
7. AGE Years Months Days If LESS than	to heve occurred on tha date steted above, atm.	, 400111 13 3814		
66 11 /2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence wera as follows:	100		
B. Trada, profession, or particular	wera as follows:	Date of onset		
Kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc.	Vremas !	114		
9 Industry or business in which work was done, as SILK MILL.	Primary Cours: Chronic parenchymatous	ic seed of		
work was done, as SILK MILL, SAW MILL, BANK, etc	reprétée. Cener			
O this occupation (month end yaer) 11. Total time (years) spent in this occupation How				
occupation True Two	Other Contributery Causes of importance:			
12. BIRTHPLACE (city or town) Wary and	parendly mephretis	Det 18		
(State or country)	Chronic Myocarditis	1934		
13. NAME Clbert & Hobbs  14. BIRTHPLACE (city or town) Warefland				
4 14. BIRTHPLACE (city or town) Maryland	Name of operation Dete of			
1 (State of country)	What test confirmed diagnosis? Was thera an au	topsy?240		
15. MAIDEN NAME Wargaret Wetzger  16. BIRTHPLACE (city or town) Thursyland	23. If death wes dua to axternal ceusas (VIOL ENCE) fill in elso tha following:			
5 16. BIRTHPLACE (city or town) Wary and	Accident, suicida, or homicida? Data of injury	, 19		
(State or country)	Where did injury occur?			
17. INFORMANT Ums William Halm	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE	DE.		
(Addrass) The don't wid				
18. BURIAL, CREMATION, OR REMOVAL My Oline & Camelone Place Fredericks, March 25, 1935	Manner of injury			
Place Jewister J. J. M	Nature of injury			
19. UNDERTAKER M. C.	24. Was diseesa or injury In eny way releted to occupetion of deceased?	10		
m = 25 md = 35 D = 1/60 1 :	(Signed) BO Thomas	34 D		
20. FILED 20- mal , 1925, Dra Mire Credital.)	(Address) Prederick, le	M. D.		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY,	WITH UNFADING INK—THIS IS A PERMANENT RI	WRITE PLANKY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every
nation should be care	refully supplied. AGE should be	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS
PAUSE OF DEATH	in plain terms, so that it may be	PAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement
MON is very importa	MON is very important. See instructions on back of certificate.	certificate.

N. B.-WRITE PL.

V. S. No. 1

is very important.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	970
1. PLACE OF DEATH	- (8x-a)	
County mederal	Registration Dist. No. 14	(
Village or City Brunswick	NDSt.,  [death occurred in a hospital or institution, give its NAME instead of street and	Ward
	ds. How long in U. S. If of foralgn birth?m	osds.
2. FULL NAME Calhering Ridwile	2 Holdman	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and	Cara
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White Widow	21. DATE OF DEATH (Month) (Day)	, 193. 5 (Year)
5e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of  Grant Alexandrian Alexandria	22. MOULD 1 1935, to Moud 1	dacaased from
6. DATE OF BIRTH (month, day, and year) June 14 1852	I lest saw half alive on March 16 ,1935	; daeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at	
8. Trade, profassion, or perticuler kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date dacaased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Cerrabial Henrilge	Data of onest
12. BIRTHPLACE (city or town) (State or country)	Dther Coutributory Causes of Importance:	
13. NAME Charles Kidwiles		
13. NAME Charles Kidwile  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of	
15. MAIDEN NAME MANGAGET To Nichals	Whet test confirmed diagnosis?	
16. BIRTHPLACE (city or town)  (State or country)	23. If daath was dua to external causes (VIOLENCE) fill in also the following  Accidant, suicide, or homicide?  Where did Injury occur?	, 19
17. INFORMANT Batter Hoffman (Address) Dunswick mol	(Specify city or town, county and Stat Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL/	e) ACE.
18. BURIAL, CREMATION, OR BEMOVAL Oringiness  Place Journ Heights Dete Dock 19 , 1934	Manner of Injury	
19. UNDERTAKER Standard Ma (Addrass) Burnauch Ma 20. FILED Mus 17, 19 35 lus H28. Ards	24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)	W n. d.
Registrar.	(Addrass)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	02971
ATH		2.3	15

1. PLACE OF DEATH	23
County triderick	Registration Dist. No. 139
Village or City State Sanatorum	Ne/N q St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Ella M. Hory	vits ,
(a) Residence: No. 3322 Umama a (Usualplace of abode)	Ward. Ballmore Md If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  White White	21. DATE OF DEATH Charles 5, 193 5 (Month) (Day) (Year)
Se. If married, widowed, or divorced floods of Joseph Horwitz	22. Sent 29, 1934, to March 5, 1932
6. DATE OF BIRTH (month, day, and year) July 21, 1910	Hast saw here aliva on March 5 , 1935; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the data stated above, at
271/14 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:  Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, Yousewife SAWYER, BOOKKEPER, etc.	0
9. Industry or business in which	1 11 mm ary Tutres cutation
work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased lest worked et this occupation (month and R / n	
10. Data deceased lest worked et this occupation (month and year) 11. Total time (years) spent in this occupation 4.00	
10000010	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / / / / / / (State or country)	
13. NAME James Lewis	
14. BIRTHPLACE (city or town)	Name of operation Deta of
(State of country)	What test confirmed diagnosis Chest X1 aff + Por Was there an autopsy? In
15. MAIDEN NAME Ella Lathe  16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Md.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Illa M. Howel Con a domerseum (Address) 3 32 2 1 Typ Grand's Care Bally Md.	Spacify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
(Address) 3322 Virginia ave. Balto. md. 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Balto: Md. Date influorion	Nature of injury
19. UNDERTAKER M. L. Creager	24. Was diseasa or injury in eny way related to occupation of deceased?
(Address) Thursmy to Ma.	If so, specify
20. FILED 12.59 Registrar.	(Signed) July W. D. (Address) State Sanatown M. D.
Kegistrar.	(undiezz) ( ** Charter ** ** ** ** ** ** ** ** ** ** ** ** **

V. S. No. 1

Z

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
though the constitution of	27		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE should be

stated EXACTLY. PHYSICIANS should state

properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. ż

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{	13	Ŋ.	1
1	11	1	7
,	-	1	-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02972
1. PLACE OF DEATH	9)
County Chaldville	Registration Dist. No. 140.
Village or Citylean Setter	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
1/11/20	. ds How long in U.S. if of foreign birth? yrs mos. ds.
2. FULL NAME anne Co. Heple	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH March 26 1935 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Young August	22. I HEREBY CERTIFY, That I attended deceased from March 24, 1935, to Such, 26, 1931
6. DATE OF BIRTH (month, day, and year Sufet 21, 1861	I last saw has alive on Meh. 26, 19.25 ; daath is sald
7. AGE Years Months Days II LESS than	to have occurred on the data stated above, at3_2
73 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	alund
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	7.63
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME UNPERSONAL 14. BIRTHPLACE (city or town).	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?_ 220
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If daath was dua to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)   (State or country)	Accidant, suicide, or homicide? Date of Injury, 19
The of the following	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT/Week! Alling Juguetter	Specify whether injury accurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
26 BURIAL, CREMATION, OR REMOVAL	Manual A.
Cuthebran Jantythin Date Mar, 28 1955	Mannar of Injury
BALL OR	Nature of injury
19. UNDERTAKER (Address)  analy form	24. Was disease or injury in any way related to occupation of deceased?  If so, specily
20, FILED Mary 27, 19 35 Colorell	(Signed) la a Stulf M.D.
Registrar	(Address) Afordal gold
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The same of the sa	- in		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

mation should be carefully supplied. AGE should be E OF DEATH in plain terms, so that it may be

properly classified.

certificate.

jo

See instructions on back

is very important.

OCCUPA-

Jo

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
county ctrederick	Registration Dist. No. 139
Village or City State San atorus	St, Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
POLL	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME OVVV 1 . YOUV	in the man
(a) Residence: No. 282 SY3 New Acad (Usual place of abode)	Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, OR DIVORCED (write the word)  Whale White Married	21. DATE OF DEATH March 3/, 193.5  (Month) (Day) 3/, 193.5
5e. If married, widowed, or divorced HUSBAND of Cathurne Johnson	22. I HEREBY CERTIFY, That I attended decessed from  March 1 1935 to March 3 1 19 3 5
6. DATE OF BIRTH (month, day, and year) March, 23,1880	I last saw h My elive on March 31 195 deeth is seld
7. AGE Years Months Days If LESS then	to have occurred on the date steted above, at 8.50 Pm.
55 0 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade profession or particular . O A	Date of onset
kind of work done, as SPINNER, Laborer, SAWYER, BOOKKEEPER, etc.	D 1 D Sent
Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	( ulmonary ulerculosis 1435
11. Total time (yeers) this occupation (month and year)  year)  11. Total time (yeers) spent in this 2 8 year	
12. BIRTHPLACE (city or town) Balto Md. (State or country)	Other Contributory Causes of importence:
# 13. NAME Patrick Johnson	
13. NAME Javah Johnson  14. BIRTHPLACE (city or town) State or country)	Name of operation Novel Date of
	What test confirmed diagnosis Child X 204 T (103 - Was there an eutopsy? )
15. MAIDEN NAME Ame Stafford  16. BIRTHPLACE (city or town) I reland  (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT John V. Johnson (on admission) (Address) 2823 18 rondanave. 13 alto Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Balto - Mil Date unknown	Menner of Injury
19. UNDERTAKER M. L. Colaglia (Address) Thurmonto Md.	24. Wes disease or injury In eny way related to occupation of deceased?
20. FILED 3/3 (/359 ) Registrat.	(Signed) State Sanatorum M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIAN

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred. Howlong in U.S. if of foreign birth? Jyrs. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3. SEX 4. COLORAGE RACE 5. SINGLE, MARRIED WIDOWED, 21. DATE OF DEATH (Month) (Oay) 5a. If married, widowed, prodivorced HUSBAND of CERTIFY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months **Oevs** If LESS than to heve occurred on the date stated above, 1 day, \_\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. were as follows: Oate of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. O. Oate deceased last worked et 11. Totel time (years) this occupation (month and spent in this 12. BIRTHPLACE (city or town) ... wsero (State or country) 13. NAME 14. BIRTHPLACE (city or town) Name of operation ... (State or country) What test confirmed diagnosis?\_\_\_\_ 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Neture of Injury 24. Wes disease or injury in any way related to occupation of deceased 19. UNDERTAKER

If so, specify

(Signed)

(Address) \_

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. .

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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DISTRICT AND T THE PROPERTY OF	WITH UNFAD	fully supplied.	n plain terms, s	Coo inctruc
	ITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RI	in should be carefully supplied. AGE should be stated EXACTLY.	SE OF DEATH in plain terms, so that it may be properly classified. Es	is vory important Sao instructions on hade of continued

STATE OF MARYLAND—	CERTIFICATE OF DEATH	7 .7 ~
1. PLACE OF DEATH	(Sin)	
County Ire alere als	Registration Dist. No. 1 31	
Village or City Montevne, Tredericle	death occurred in a hospital or institution, give its NAME instead of street and n	# Ward
Length of residence in city or town where daath occurredyrsmos.	ds. How long in U.S. if of foraign birth?	sds.
2. FULL NAME William John Surs	ichs	
(a) Residence: No. In duich (Usual place of abode)	- 18136 Evant Street If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Warch 17 (Month) (Day)	, 193 5 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of August Servell	22. I HEREBY CERTIFY, That i ettended of	laceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h Line elive on March 16 1973	deeth is said
7. AGE Yaars Months Days If LESS than 1 day,	to have occurred on the data stated abova, at+Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular	were as follows:	Date of onset
Kind of work dona, as SPINNER, Lalver SAWYER, BOOKKEEPER, atc.	Deralison.	110. 17
S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Painon Passe: Cerebral Lamourhage	35
SAW MILL, BANK, etc	Juga.	
12. BIRTHPLACE (city or town) Waryl and	Other Contributory Causes of importanca:	-7-3
	arter Selevos so	733
14. BIRTHPLACE (city or town) Many and	Name of operation Date of	
(State or country)	Whet test confirmad diagnosis? Wes thera an au	itopsy? 200
15. MAIDEN NAME Oreama Morris	23. If death wes dua to externel ceuses (VIOLENCE) fill in also tha following:	
15. MAIDEN NAME Origina Voris  16. BIRTHPLACE (city or town) Mid  (State or country)	Accidant, suicida, or homicide? Data of injury  Where did injury occur?	, 19
17. INFORMANT Mysterie Regards	(Specify city or town, county and State Spacify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Factories Completed Place March 17, 19.35	Mannar of injury	
19. UNDERTAKER M. R. Etchyson & Son (Addrass) Frederick May	24. Was diseasa or injury in any way related to occupation of dacaased?	0
20. FILED 18- monch, 1935. Due J. M. Curly Registrar.	(Signed) BOHLOSTICE (Addrass) Presidential	and.
If you had a second all all a South	N. Cl. I. C. P. II.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

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item	sho	Jo.	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
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See instructions on back of certificate.

TION is very important.

WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			(46-d)
County Frederick		ziwwa-th	Corposeta limites. Registration Dist. No. 13
Village or CityFrederick			No. Frederick City Hospital St Ward
Length of residence in city or lown where	leeth occurred	(lf	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Kathryn E			
(a) Residence: Np. 5 W. 13t			St., Ward.
	(Usual place		If nonresident give city or town and State
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH
Female White	Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Keesey			22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Apr.7,	1895	I last saw he M alive on Wareh [ 1, 1935; death is said
7. AGE Years Months 39 11	Days 10	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Housewife			Date of onset
9. Industry or business in which work was done, as SILK MILL, At Home SAW MILL, BANK, etc			
1D. Date deceased last worked at this occupation month and 34	spai	me (years) it in this 18 ipation	
12. BIRTHPLACE (city or town)	a.		Other Contributory Causes of importance; car conventions
13. NAME David S. Newswanger			( wetastate)
13. NAME David S. Newsw 14. BIRTHPLACE (city or town) Lanca (State or country)	ster Co, Pa.		Name of operation Date of  What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dora Rees	е		23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Dora Reese  16. BIRTHPLACE (city or town) Lancaster Co.  (State or country) Pa.			Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Chas. E. Keesey (Address) Frederick, Md.			(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Quarryville Cem.  Place Quarryville Pa. Date 3/20 ,19 35			Manner of injury
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Md.			24. Was disease or injury In any way related to occupation of deceased?
20. FILED 18 - Frank, 1935 Fra	Jane (	Register.	(Signed) A. W. B. a.v. M. D. (Address) English ruef
If more	Stanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WUREAU V. R.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registration Dist. No. (if death occurred in a horpital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY. That I attended daceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset What test confirmed diagnosis?\_\_\_\_\_ Was there an au'opsy?\_\_\_ 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?... Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE Mannar of injury Natura of injury If so, specify

CAUSE

DEATH

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plnous OF 16. BIRTHPLACE (city or town) (Stata or country)

BURJAL, CREMATJON, OR REMOV

19. UNDERTAKER (Address)

> Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. A

(Signed).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURGIN V				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		The same and comment and the same		

PHYSICIANS should state

Exact statement of OCCUPA-

V. S. No. 1 N. B.-

STATE OF	MARYLA	ND-CERTIFICAT	E OF	DEATH
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1. PLACE O				82-00	21
County				Registration Dist. No.	36
Village or Length of res	7			No. St.,  f death occurred in a horpital or institution, give its NAME instead of street and s. How long in U.S. if of foreign birth? yrs	
	ME Mrs. Mary	Martha I	æe	St., Ward.  If nonresident give city or town an	
PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE Colored		RIED, WIDOWED, D. (write the word)	21. DATE OF DEATH  March  (Month)  (Day)	, 193 5 (Year)
5a. If merried, wido HUSBAND of (or) WIFE of		es F. Lee		22. I HEREBY CERTIFY, That I attended  Morch 10, 1935, to March 27	
	(month, dey, end year) Tars Months	Inknown Days	858	I last sew heralive on	
77		33,3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
kind of SAWYER AND	assion, or perticuler work done, as SPINNER, t, BOOKKEEPER, etc business in which is done, as SILK MILL, LL, BANK, etc sed last worked at upation (month and	At Home		Other Contributory Causes of Importance:	3/ 3.
12. BIRTHPLACE (c		ryland		artens Scames	Seaso
13. NAME	William Wh	imbs			
(State o	E (city or town)r country) Mar	yland		Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NA	AME Helen Hal	1		23. If death was due to external causes (VIOLENCE) fill in also the following	
	E (city or town)	yland		Accident, suicide, or homicide? Dete of Injury Where did Injury occur?	, 19
17. INFORMANT (Address)	Mrs. Ri	chard H. (	Gidehrist	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ite) LACE.
18. BURIAL, CREMA	TION, OR REMOVAL Opeland Cem.	Date3/30	/35	Manner of Injury	
19. UNDERTAKER (Address)	M.R.Ftchis Frederick			24. Was disease or injury in any way releted to occupation of deceased?	
20. FILED Marc	Ca 20, 19 3 5 - 4.	O Home	Registrar.	(Signed) A Julian (Address) 2 Alexand 2	M. D.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 July 5, 1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CACSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02979
1. PLACE OF DEATH	(83) 144
County I Is desich , 19	Registration Dist. No.
Village or City/Dat Rochey / Led SL	No. St., Ward
Length of residence in city or town where death occurred 40 yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sming of Long.	
(a) Residence: No. Bocker Rebox A	the first and migral
(U) nesidence. No. (U) (U) full place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of John. J. Ling.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) New 28 - 1854	! last saw h last alive on 1985; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1250 P.m.
80 3 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
_ 8. Trade, profession, or particular	Ongressin purelynio of Date of onest
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	John Dunan 1932
work was done, as SILK MILL, And I as the as I	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) New In I dwas (State or country) On any land	Other Contributary Causes of importance:  Ohnnie Albrios olimais /920
13. NAME Lever gus. Phelips 14. BIRTHPLACE (city or town) Preus miduray	
(State or country) Ind.	What tast confirmed diagnosis?
15. MAIDEN NAME Cleanora, B1888,	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 6 Ganosa 31998,	Accident, suicide, or homicide? Data of Injury 19
(Stata or country) 2nd.	Where did injury occur?
17. INFORMANT John, S. Long (Address) Bocker Relse Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place / Lectson fredge Date Mich 6, 1925	Natura of Injury.
19. UNDERTAKER M. C- Coloses Sently (Address) Thursday Mad	24. Was disease or injury in any way related to occupation of deceased?
20. FILED March 5 , 1935 anna M. Jones	(Signed) (Address) (Address) (Address) (Address)
If more blanks are needed, address State Registrar,	2421 N. Charles Street. Baltimore. Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(107-2)
County frederick	Registration Dist, No. 13.1
Villege or City Fredrick Within the Corp	No. truck (15/4 offerton, Ward
(If Length of residence In city or town whera daath occurradyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2 FILL NAME Mary Horen CO	Meislin
(a) Residence: No. 2007E, This	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  March Seventh (193 5 (Yaar)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of  The A. Merchang  5 10045	22. I HEREBY CERTIFY, That I attended deceased from February 27, 19 35, to March 6, 19 35
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h. er aliva on March 6, 1935; death is said to have occurred on the data stated above, at 1:102m
42 3 3 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
1 9 Trade profession or particular	Bronchopneumonia 3/4/35
SAWYER, BOOKKEEPER, etc.  Industry or businass in which work was dona, as SPINNER, to see the work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Data dacaased last worked at this occupation (month and yaar) spant in this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Warting by (State or country)	Other Contributory Causes of importance: Streptococcic Laryngitis 2/27/3
13. NAME James V. Danson  14. BIRTHPLACE (city or town) Across  (State or country)	Name of oparation
(State or country)	Name of operation
15. MAIDEN NAME Rachel Keller  16. BIRTHPLACE (city or town) Martines Grug  (State or country)  The Talk of the Country of the	23. If daath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Med, Meisting (Address) Frederick Vel	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Placa W O Court Company Date Well 9, 1935	Manner of Injury
19. UNDERTAKER 6-E Colore + Louis (Addrass)	24. Was disaasa or Injury in any way related to occupation of decaased? NO
20. FILED - March, 193 5 Dra h. andy.	(Signed) M. D. (Address) Frederick, Maryland.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



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li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

-	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
		٧.						

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

PHYSICIANS should state

Exact statement of OCCUPA-

	f infor-
	item o
	Every
	RECORD.
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
FOR	IS A
ESERVED	INK-THIS
IARGIN RI	UNFADING
	WITH
•	PLAMLY,
	WRITE

V. S. No. 1

nation should be carefully supplied. AGE should be stated EXACTLY.

SE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back

is very important.

certificate.

jo

	1. PLACE OI		F MAR	YLAND-	CERTIFICATE (	OF DEAT	H 029	353
					(92:01)			
		ederick				Registration Dis	t. No. 10	7.0
	Village or Ci	ity Near Adamst	own		No. Nr. Adamst	own	St.,	Ward
	Length of resid	dence in city or town where d	leath occurred4	(I yrsmos	f death occurred in a hospital or institut s ds. How long in U.S. if of	ion, give its NAME in foreign birth?	stead of street and n	umber) sds.
	2. FULL NA	ME Charles He	enry Minc	r				
	(a) Residence	ce: No			St., Ward.			
permanent of			(Usual place				city or town and	State
		AL AND STATISTI	CAL PARTI	CULARS		ERTIFICATE C	F DEATH	
	sex male	4. COLOR OR RACE White		RIED, WIDOWED.  D (write the word)  T	21. DATE OF DEATH	March 1st	(Oay)	, 193
5a	If married, widowed HUSBANO of (or) WIFE of			·	1 - A	CERTIFY,	That I attended	
		month, day, and year) Jar	n. 26, 18		I last saw h im alive on	March 1	19.3.5	; death is said
7.	AGE Year	months 1	Days 26	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated. The PRINCIPAL CAUSE OF DEATH			~~~
MON	8. Trade, profes kind of w SAWYER,	sion, or particular ork done, as SPINNER, F BOOKKEEPER, etc	armer		Chronie End	locardi	tis	Oate of onse 7
THOU	9. Industry or t work was SAW MIL	business in which done, as SILK MILL, Ge	heral Fai	ming	arterioscle	rosis		1920 ?E
000	10. Date decease	ed last worked at 1934 Sept	11. Total ti	me (years) 60 It in this			***************************************	بۇ
12	BIRTHPLACE (city (State or coun				Other Contributory Causes of impor	rtance: hyper	trophy	1932.
2	13. NAME	ackson M. Min	or			<i>[]</i> V		
FATHER	14. BIRTHPLACE (State or	(city or town)	rginia		Name of operation			
2	15. MAIDEN NAM	3.5	lliams		What test confirmed diagnosis?			
MOTHER	16. BIRTHPLACE	(city or town) Virg			23. If death was due to external cause Accident, suicide, or homicide?			
17.	INFORMANT Mi	ss. Alice M. damstown. Md.	Minor		Where did injury occur?  Specify whether injury occurred in	(Specify city or tow INOUSTRY, in HOME,	on, county and State, or in PUBLIC PLA	CE.
18	BURIAL, CREMATI		doate Mar	ch 4, 19 35	Manner of injury			
19	UNOERTAKER	M. R. Etchison Frederick, Md.	å & Son		24. Was disease or injury in any wa	y related to occupation	n of deceased?	
20,	FILED Me	le 2, 1935 7. C	en S.	Toulers	(Signed) Samue	16.4	toke	M. O.

(Address) adamstown Tud.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotcl, etc. For a person who had no occupation whatever write none.

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RIDEAU V. S.	9		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Unable from history to determine time of onset
of Endocardition tand arterioseleraily.
of Endocardition tand arteriorderosity.
1 01k. S. & 76-60.
also mable to ascertain cause of endocarditio
1 A. f. & Hope.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-C = U2984
County Frederick within the Corp	O Registration Dist. No. 131
Village or City Frederick	No. 13 East St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Colmund. Fr. Mo	berly,
(a) Residence: No. 13 East Fouth (Usual place of abode)	St., Ward.  If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the typod)	21. DATE OF DEATH  3 / 193 5 (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OIL ada Staley Moberly	22. I HEREBY CERTIFY. That I attended deceased from Mar 10, 1935, to Mar 11, 1935.
6. DATE OF BIRTH (month, day, and year) 11-4-1850	I last saw htm. alive on much 11 ,1935; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 6 3 9 m.
84 4 7 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:
Registrade, profession, or particular kind of work done, as SPINNER, Mail Carrier SAWYER, BOOKKEEPER, etc.	Chrone my Douditis ?
kind of work done, as SPINNER, Mall Carrier  SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)	arterio Scleroio
10. Date deceased last worked at this occupation (month and 1920 spent In this year)	
12. BIRTHPLACE (city or town) Frederich Md,	Other Coutributory Causes of importance:
1	Levelly
14. BIRTHPLACE (city or town) Frederick	Name of operation 2001e Oate of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME COM 17. Fambrecht.	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME AM 17. Lambrecht.  16. BIRTHPLACE (city or town) Haederick (State or country) Mid.	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT E. J. Moberly Jr. (Address) Johnstonn Da.	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place My Owletcem Dete 3-13 1935	Manner of injury
19. UNDERTAKER Comad Hungal Home (Address) Frederick mid.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEOL'2- March 1935. Dra Ju Culy	(Signed) Dhomes M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 5 1989			
Other contributory causes of importance:		Other contributory causes of importance:	41
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

_	
	89-00
	Registration Dist. No. 131
2	Clase Montevue St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
nos.	ds. How long in U.S. If of foreign birth?yrsmosds.
1	1 2 - 6
1	11 9.
1	Mard. Somsville al,
-	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH MAN
	March 24 19335
-	(Month) (Day) (Yaar)
	22. I HEREBY CERTIFY, That I attended deceased from
	Menden 16 , 1925, to March 24, 1935
	10, 1920, to 24, 1935.
3	I last saw have alive on 2 daath is sald
	to heve occurred on the date stated above, et 4 m.
rs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
_	were as follows:
-	
	Meringetises Hard 16
	Other Contributory Causes of Importance:
-	This medica 2010
	7
	Name of operation
	Name of operation
-	Whet test confirmed diagnosis? Was there an autopsy?
-	23. If death was due to external causes (VIOLENCE) fill in elso the following:
	Accident, suicida, or homicida?
	Where did injury occur?
	(Specify city or town county and State)
-	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
-0	
	Mannar of injury
	Nature of injury
	24. Was disease or injury in any way related to occupation of decaased?
	If so, specify
	(Signad) Bl Hec me M. D.
12.	(Addrass) - Frederich ?a. 1
7. 3	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
., .	T Committee Acqueinne La Ila IVO. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonihis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

(Year)

Date of onset

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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partin should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of OCCUPA-RD. Every item of infor-Exact statement WITH UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED LY, WRITE PLA

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(ha)
county of rederects	Registration Dist. No. 139
Village or City State Sanatorum	No. Md St., Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  2 ds. How long in U.S. if of foreign birth?
2. FULL NAME VILLOW Boyd	Para Tana V
10 50 1100	Jorch Landenie la Mad
(a) Residence: No. (Usual place of abode)	St., Ward. Orl active city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male while married	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. J HEREBY CERTIFY, Thet I ettended deceased from
Mary M. Conton	Jeb 18, 1935, 10 March 2, 1935
6. DATE OF BIRTH (month, day, and yeer) July 4. 1896	I last sew h 1 alive on March 1 , 1935; death is seid
7. AGE Years Months Oays If LESS than 1 dey,	to have occurred on the dete stated above, atm.
30   6   20   ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:
Frede, profession, or perticular kind of work done, es SPINNER, Slasteres SAWYER, BOOKKEPER, etc.	R
9 Andustry or business in which	Ourmonary access
work was done, es SILK MILL, SAW MILL, BANK, etc	mon-Tifferenlow Cure
SAW MILL, BANK, etc	Λ
year) occupetion 2074	Other Ceatributery Causes of importence:
12. BIRTHPLACE (city or town) Y Mary and . (Stete or country)	A O T O P
A ADONA	sexue neumona:
E TOTAL OF COURS	labour in type a direction indefinite.
14. BIRTHPLACE (city or town)   U   C   (State or country)	Name of operation Dete of What test confirmed diagnosis? CNUST X NAM Wes there an europsy?
15. MAIDEN NAME Mary Grant	What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? Wes there an eutopsy?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Yellson B. Ponton Ir.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) R.F. Att 2 I rederick md.	
18. BURIAL, CREMATION, OR REMOVAL Place Thedrick Magaze Miknomes	Manner of injury
0 5 0 0 1 2 4 8	Nature of injury
19. UNDERTAKER (Addiess)	24. Was disease or injury in any wey related to occupation of deceased?
WAST ALM	(Signed) I want I haffer M.D.
20. FILED	(Address) State Sanatorini mel
76 11 11 C . D .	No. 1 d

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis (2)	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes on important:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02988
1. PLACE OF DEATH	. 62-2)
County freduck	Registration Dist. No. 130
Village or Gity Buckeystown	NoSt.,Ward
Length of residence In city or town where death occurred 30 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2 FULL NAME Nelson Broyd X	onton
(a) Residence: No. Busking the med	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Color or RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Max. 3D , 193 5 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Court	22. I HEREBY CERTIFY, That I attended deceased from
	Mul, 29, 193, to Zul30, 1930
6. DATE OF BIRTH (month, day, and yeer)	I last saw h. elive on 1, 19.33; death is said
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to heve occurred on the date stated above, at
Trade, profession, or particular kind of work done, as SPINNER, Retuine Claster SAWYER, BOOKKEEPER, etc.	Date of one of
SAWYER, BOOKKEEPER, etc.	acute My read this quel 29
work was done, as SILK MILL, SAW MILL, BANK, etc	
0. Date deceased last worked at /93 / 11. Total time (years) spant in this occupation compation	
12. BIRTHPLACE (city or town) Nelson Co	Other Contributory Causes of importance:
(State or country)	
13. NAME James Vonton	
13. NAME James Voritor	Name of operation Dete of
(State of country)	Whet test confirmed diagnosis?
15. MAIDEN NAME (Reference Perry  16. BIRTHPLACE (city or town) To overing to 15.  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, sulcide, or homicide?
M. H. A. R. A.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Authority (Address) Buck show he	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 6	Manner of Injury
Place Mr Structure Date 7 / 19 3V	Neture of injury
19. UNDERTAKER 6. E. Chica + Jon	24. Was disease or injury in any way related to occupation of deceased?
(Address) Fulsiek Med	If so, specify
20, FILED Mal 31, 1935 Tely 1- Moulan	(Signed) (Cy) (M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-CERTIFICATE OF DEAT	TH 02989

1. PLACE OF DEATH	(108)
County Frederick	Registration Dist. No. 190
Village or City Walkersville	No. St., Ward
Length of residence in city or town where death occurred 56 yrs. 3 mos	death occurred in a hospital or institution, give its NAME instead of street and number)  4 ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME George Lewis Ramsbur	Q
(a) Residence: No. near Walkers ville (Usual place of abode)	St. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white married married	March 11, 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of Mand Ramsburg	March 4, 19 35 to March 11, 19 35
6. DATE OF BIRTH (month, day, and year) Dec. 6 the 1878	Hast saw him alive on March 11, 19 35; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1,30 Am. M.
56 3 4 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Lobar pneumonia Mer.3
a. Work was done, as SILK MILL, SAW MILL, BANK, etc Juling the Soil	1935
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and standard 35   spant in this occupation 56	
715-01	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) WWW. (State or country) Wo.	
13. NAME Marshall O. Ramshura	
13. NAME Warshall O. Ramsburg  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary E. Oale.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary E. Ogle.  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country) Md.	Where did injury occur?
17. INFORMANT Mrs. Mand Ramsburg	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Glade Cemetery Date Mich. 13, 1935	Nature of injury
19. UNDERTAKER Willhide and lexelgers	24. Was disease or injury in any way related to occupation of deceased? NO
100 - 10 21 C	(Signed) Sept II And M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA-

Jo

# STATE OF MARYLAND-CERTIFICATE OF DEATH

05330

1. PLACE OF DEATH	/33
County Trelemil MITHIN GORFORTE	Registration Dist. No. 13
Village or City The Real end	No. Trederile City dorses Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAMS instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Sonah C. Reel	7
(a) Residence: No. Redusable, U	Ist., Ward. Keelesmill Man. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  March  (Month)  (Day)  (Year)
5a. If married, widowed or divorced HUSBANO of (or) WIFE of Pulip 8. Rel	22. I HEREBY CERTIFY. That I attended deceased from Feb. 25, 1935, to Mar. 1, 1955
6. DATE OF BIRTH (month, day, and year) hord 16, 187	l last saw h. el alive on Feb. 28, 19.35; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
62 1/1 1/3 ormin.	were as follows:  Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	General peritonitis. 2/7/35
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Perinephritic abucess.
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation  12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Wand W rufeld  14. BIRTHPLACE (city or town) Rohardle (State or country) n.d.	Name of operation Laporotomy & drainage 2/28 What test confirmed diagnosis? Sight. Was there an au'opsy? 0.
15. MAIDEN NAME many Sunder	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Central (State or country)	Accident, suicide, or homicide?
17. INFORMANT Philips & Reel (Address) Reel Keel will, and	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Jeen Jene 1935	Manner of injury
19. UNDERTAKER W. F. Bost on, (Address) Basislary, md.	24. Was disease or injury in any way related to occupation of receased? 10.
20. FILED - March, 1935. Que J. m. Cundy-	(Signed) M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
They	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE O	F DEATH	OF MAF	30	(3)
County]	Frederick			Registration Dist. No. [3]
Village or (	city Feagevil	le		No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of res	sidence in city or town where	death occurred	84 yrs mos	r death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NA (a) Resider	ME Annie E	ageville		Mutaward.  If nonresident give city or town and State
PERSON	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MA OR DIVORCE Singl	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  March 30 193 5 (Month) (Day) (Year)
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divorced			22.   HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH	(month, day, and year) M	ay 7. 18!	50	Mast saw h & alive on Morel 36 1935; death is said
	ars Months	Deys	If LESS than	to have occurred on the date steted above, at P.M.
84	7	23	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of SAWYER	ession, or particular work done, as SPINNER, t, BOOKKEEPER, etc	Housewi	fе	Allen Relevant 192
WORK WA	business in which as done, as SILK MILL, LL, BANK, etc	At Home		Kronic 1991
10 Date deceas	sed last worked et upation (month and 935	Sp.	time (years) ent in this 64 cupation	Duration far form " 120
2. BIRTHPLACE (ci		ageville		Other Contributory Causes of Importance
13. NAME	John Hanson	Renn		July Marie Control of the Control of
	E (city or town) Feag r country)	eville Md.	~~	Name of operation Dete of What test confirmed diagnosis ANN BRUTA Was there an autopsyl
15. MAIDEN NA	ME Sarah Ann	e House	amput, and	23. If death was due to external causes (VIOLENCE) all in also the following:
15. MAIDEN NAME Sarah Anne House  16. BIRTHPLACE (city or town) Frederick Co.  (Stete or country) Md.				Accident, suicide, or homicide?
7. INFORMANT (Address)		. Md .		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	oderick, Md.	Clivet		Menner of Injury
19. UNDERTAKER (Address)	M. R. Etchis Frederick. M		ė	24. Was disease or injury In any way related to occupation of deceased?
20. FILED - OK	1	at ha	Curda	(Signed) + Mand M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car *	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
APR 5 1505 U		3		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02992
1. PLACE OF DEATH	(23)
County Oredown	Registration Dist. No. 157
Village or City State Sana Lorum	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Wilson adam	Kinehart
(a) Residence: No. 2) 0 E . 20 TW (Usual place of abode)	St., Ward. Gallo-Mol.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward)	21. DATE OF DEATH Warch 25, 193 5 (Month) (Oey) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (er) WHFE OT Was Rinehart	22. I HEREBY CERTIFY, Thet I attended deceesed from March, 8, 1935 to March 25, 1935
6. DATE OF BIRTH (month, day, end yeer) Wy 25. 1898	1 last sew h amelive on March 25, 1935; deeth is seld
7. AGE Yeers Months Deys If LESS than	to heve occurred on the dete steted ebove, et. 2:30 P.m.
36 8 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:
Frede, profession, or perticuler kind of work done, as SPINNER, Clerk in office SAWYER, BOOKKEPPER, etc.	
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	Pulmonary Tuberculous 1934
11. Total time (yeers) spent in this occupation (month end year) 123/935 occupation 16 year)	Other Contributory Canses of Importence:
12. BIRTHPLACE (city or town) Waryland. (State or country)	Other Commonly Cases of Importance,
13. NAME Ervin Kinehart	
13. NAME Zww Ywellart  14. BIRTHPLACE (city or town) Ma:	Neme of operation work Date of L
(Stere of country)	Whet test confirmed diegnosis? Was there en eulopsy? YOU
15. MAIDEN NAME Zawa Wilson  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT Eva Rinehart (Address) 2108 20 Th. At Bala. VM.	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Plece & allo: Vnd Dete Williams	Manner of Injury
19. UNDERTAKER M. L. Creagas (Addiess) Thurmy Ma	24. Was diseese or injury in any way related to occupation of deceesed?
20. FILED J SJ 5., 19 Registrar.	(Signed) Alward S. An affer M. O. (Address) State Lanatonin Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	ti di	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APP @ 1908			
Other contributory causes of importance:		Other contributory causes of importance:	1 1 1 1 1 1
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 02993

1. PLACE OF DEATH		207-9				
Co	ounty.	7M	210	£	Registration Dist. No. 4	
Vi	illage or City 1	rcen	surce	C	No. St, St, f death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Le	ength of residence in c	ty or town where	death occurred	*	sds. How long in U. S. If of foreign birth?yrsmos	ds.
2. FU	ILL NAME	allie	Jane &	chooles	7	
(a	) Residence: No	U	(Usual place o	f abode)	St., Ward.  If nonresident give city or town and State	000 000 000 000 ollo
P	ERSONAL AN	D STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	and wh	OR OR RACE	5. SINGLE, MARR OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Day) (Yes	ar)
5a. If mar	ried, widowed, or divo	orced	0			
	WIFE of				22. I HEREBY CERTIFY, That I attanded deceased	
6. DATE	OF BIRTH (month, da	y, and year)	m 16 -	44	1 last saw h alive on, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, atAm.	
	90	8	13	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
- 8. T	rade, profession, or p	articu lar		7 01-1-1-11111.	Data of	onsat
NOIL 94II	SAWYER, BOOKKE	as SPINNER, PER. etc.			Trueton V. K. Krock	~~~~
13×	ndustry or business in work was done, as SAW MILL, BANK,	which			Boby havint & Crewles	
00 10. D	ate deceased last wo this occupation (mo yaar)	rkad at nth and		me (years) t in this pation	7.12.77	
		111	1/		Other Contributory Causes of importance:	
O .	IPLACE (city or town) State or country)	1				
置 13. N	AME Des	nas 8	Hehoo	ley		
14. B	IRTHPLACE (city or to	own)	Jean		Name of operation Date of	
-	(State or country)		. ~	71	What test confirmad diagnosis? Was thera an autopsy?_	
프	IAIDEN NAME	anah h	inne D.	ma	23. If death was due to external causes (VIOLENCE) fill in also the following:	3.6
₹ 16. B	IRTHPLACE (city or to (State or country)	own)	fac		Accident, suicide, or homicide? Date of injury	
on By Souschilden		Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
17. INFOR	(MANI)	201/16	4/0		- decent whether might occurred in the service, in the service text.	
		REMOVAL	Marcel	· ver	Manner of injury was over by 9 bea	un
ung	acon Cemick	my do	Date Fresh	8 1933	- Natura of Injury Bose Creesher	
19. UNDE	RTAKER CATA	27/21	ion.		24. Was disease or injury In any way Cated to occupation of decoased?	
	Address)	un sur	4 mol		If so, spesify	
20. FILED	Quer B	19 35- 6	2014.6.	Hadas	(Signed)	_M. D.
	,			Registrar.	(Address) JJCCC SUFECK	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i i	Example II	F-157.07.5
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02994
1. PLACE OF DEATH	
County Frederick	Registration Dist. No. 13
Village or City_Frederick	No. 517 N. MAKE J. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 50 yrsmos	dean octated the a hospital of minimuon, give its IVAIVIE instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Louis Simmons	
(a) Residence: No. 517 N. Market	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower	21. DATE OF DEATH  March  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced Mary F. Brengle	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Alukuau	I last saw has alive on march 20, 1955; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et $4:20~{ m A}_{ m m}$ .
76 P - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Retired SAWYER, BOOKKEEPER, etc.	Chrome myscordits
Industry or business In which work was done, as SILK MILL, Gu Mude, SAW MILL, BANK, etc.	
11. Total time (years) spant in this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Maryland	
13. NAME John Simmons	
14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of Was there an au'opsy?
15. MAIDEN NAME Roseanna Fesler	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) Maryland	Accident, suicide, or homicide?
17. INFORMANT William Simmons (Address) 517 N. Market St., City	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery Place Frederick, Md. Date March 23, 1935	Manner of injury
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Maryland	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 21 - McH; 1925. Que . McCurly Registrar	(Signed) Allin M. D.  (Address) Ardenia Ms.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

THIS

PHYSICIANS

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	info sta UP.	1. PLACE OF DEATH
A	of nld	County Frederick
TO	sho of (	Village or City Lew Mant

3. SEX

certificate.

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instructions on

FATHER

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DEATH

OF

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LION

very important.

stated

should

supplied

should be carefully

Registration Dist. No

Length of residence In city or town where death occurred.

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_

If nonresident give city or town and State

(a) Residence: No.

4. COLOR QR RACE

(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS

5. SINGLE, MARRIED, WIDOWED. Wida

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

RTIFY, That I attanded daceased from

MEDICAL CERTIFICATE OF DEATH

6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months

If LESS than or ..... min.

to have occurred on the data stated abova, at,

Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc ... Industry or business in which work was done, as SILK MILL,

SAW MILL, BANK, etc ... 1D. Data deceased last worked at this occupation (month and

14. BIRTHPLACE (city or town) (State or country)

11. Total tima (years) spent in this occupation \_\_

12. BIRTHPLACE (city or town (State or country)

13. NAME

What test confirmed diagnosis?

MOTHER 15. MAIDEN NAME

23. If death was dua to external causes (VIOLENCE) fill in also the following:

16. BIRTHPLACE (city or town) (State or country)

Manner of injury

Accident, suicide, or homicide?

(Address) 18. BURIAL, CREMATION, OR REMOVAL

(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Natura of injury\_

19. UNDERTAKER (Address)

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

-WRITE

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HIDE U.Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			10000111
			L

V. S. No. 1 N. B.

Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

properly classified.

very important. See instructions on back of certificate.

OF DEATH in plain terms, so that it may

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02997	
1. PLACE OF DEATH		
County Frderick	Registration Dist. No. 137	
Village or City Liberty Foron		/ard
	If death occurred in a horpital or institution, give its NAME instead of street and number)	
4/	s. O ds. How long in U.S. if of foraign birth? yrs. mos.	_ds.
2. FULL NAME Starvey May nord &	porrow	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 4	
male While Married married	Max 74 ,1935	
5a. If married widowed or divorced	(Month) (Day) (Year	,
HUSBAND of alice a, sporrow	22. Ach 20 1974 to Mos 24	from 3 S
6. DATE OF BIRTH (month, day, and year) Upr - 16 - 1870	I last saw hum alive on near 74th, 1935; death is	sald
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at M. Q. m.	
64 // 8   1 day,hrs.		
Trada, profession, or particular kind of work dona, as SPINNER, Marble Cutter SAWYER, BOOKKEEPER, atc.	Carcinoma of Duodenin Upon.	3:4
Kind of work dona, as SPINNER. Mar de Cettes SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacaasad last workad at this occupation formula and		
SAW MILL, BANK, etc.		
10. Data dacaasad last workad at this occupation (month and gray) spent in this year) occupation		
12. BIRTHPLACE (city or town) 20Cd, (State or country)	Other Cantributory Causes of Importanca:	
13. NAME Howard E, Sporrow		
13. NAME Howard E. Sporrow  14. BIRTHPLACE (city or town) Middle Town	Nama of operation Date of	
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Emma J. Corbry.  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19	
(State of County)	Whare did injury occur? (Specify city or town, county and State)	
17. INFORMANT algee a. Seorrow (Address) & Warley town, Md	Spacify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL This 10	Manner of injury	30
Place Authoran Cemely All Date Max. 27, 1935	Natura of injury	
19. UNDERTAKER Towell ralbaugh	24. Was diseasa or injury in any way related to occupation of daceasad? Ho	
(Addrass) Liberty town, This	If so, spacify	
20. FILED Jay 26 1935 W Derferau	(Signad) OFW J. NOW	M.D.
Registrar.	(Address) Liberty Forws	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	000
1. PLACE OF DEATH	#-a	110
County Frederick	Registration Dist. No. 147	
Village or City Mr. Metary, Med	No. St.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and ds. How long In U.S. if of foreign birth?yrs	
- 11 11 W	A care co	1105
2. FULL NAME Joseph Nenry Ja	usburg	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH Musch (Month) (Day)	., 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of Cornauda Jane Eliz . Standars	22. I HEREBY CERTIES. That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year) 7541, 1861	I last saw h um alive on Masch 7 19 3	1; deeth Is seld
7. AGE Years Months Deys If LESS than 1 day,hrs.	to heve occurred on the date stated above, at.—7.—m.  The PRINCIPAL CAUSE DF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,	A	Date of onset
SAWYER, BODKKEEPER, etc.	Influences	1 16/15
Industry or business in which work was done, as SILK MILL,		
SAW MILL, BANK, etc  Date deceased last worked at this occupation (month and 1932 spent in this occupation occupation)		
12. BIRTHPLACE (city or town). Men Wishmington	Dther Coutributory Causes of importence:	1.1.
(State or country) Garrell Gr.	Broncho - Trumous	3/4/35
14. BIRTHPLACE (city or town)		·/
4 14. BIRTHPLACE (city or town)	Name of operation	4 -
	What test confirmed diagnosis? Was there an	
1 2	23. If death was due to external causes (VIOL ENCE) fill in also the following	
O 16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? Date of injury  Where did injury occur?	, 19
17. INFORMANT Char Stansbury (an)	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	nte) LACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Transfect County. Date March 10, 1935	Neture of injury	
19. UNDERTAKER 6. M. Maltz (Address) Thingseld, 7114	24. Was disease or injury in any way related to occupation of deceased?	20-
20. FILED Mar 9, 1935 andley P. Miles worth	(Signed) Stanley that I	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLANELY, WITH UNFADING INK—THIS IS A PERMANENT RECARD. Every item of information should be carefully sumplied AGE along the state of the control

	MARYLAND-	CERTIFICATE OF DEATH 029	999
1. PLACE OF DEATH			
County I'ved errete		Registration Dist. No.	3)
Village or City Comerque	y Haspital	No. St	Wa
Langth of residence in city, or town where death of	occurred vrs mos	f death occurred in a horpital or institution, give its NAME instead of street and	number)
( ) P ( )		yrsyrs.	os
2. FULL NAME Story of	on sul	Cq	
(a) Residence: No. 204 2 32	(Usual place of abode)	St., Ward.  If nonresident give city or town and	1.0.
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	Jale
A ARM	INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male Yllito	R DIVORCED (write tha word)	March 12	. 193 5
5a. If married, widowad, or divorcad	mare	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	0	22. h I HEREBY CERTIFY, That I attended	daceased fr
DAIS	106 1035	1936, 10 12	19_3
6. DATE OF BIRTH (month, day, and year) 7. AGE Years   Months	ch 12, 1920.	I last saw h_lin_ alive of tom Month 11, 19 20	-; death is s
, III	Days If LES\$ than 1 day hrs.	to have occurred on the data stated above, at	
8. Trade, profession, or particular	oro_min.	ware as follows:	Date of one
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		muscaurey a	
9. Industry or business in which		(4/2/22/23)	Man 1
work was done, as SILK MILL, SAW MILL, BANK, atc	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		- 3
10. Date dacaased last worked at this occupation (month end	11. Total time (yaars) spent in this		
year)	occupation	Other Contributary Causes of Importance:	-
2. BIRTHPLACE (city or town) Consultage	very Hasperlal	Gelf andered	
(State or country)	rick, Ind.	0	
13. NAME Except O. 21.  14. BIRTHPLACE (city or town)	ulty		
14. BIRTHPLACE (city or town)	1	Neme of oparation Data of	1
(State of country)	11/20-	What tast confirmed diagnosis? Was there an a	u'opsy 24
15. MAIDEN NAME Mangant	Roonly	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME THE TOWN 16. BIRTHPLACE (city or town)	£ 0	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	. 11 0-1-	Whare did injury occur? (Specify city or town, county and Stat	
17. INFORMANT Largares Jan	upe stully	Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
(Address) 204 EAT ST. Fire 18. BURIAL, CREMATION, OR REMOVAL	gener, mil		
0.	14-march 1935	Manner of injury	
20 1 . 00.	P. D.	Nature of injury.	
(Addrass) moulening wede	es - supt,	, , , and the description of decoused!	40
	The state of the s	If so, spacify (Signad) BOH	
20. FILED JA PRONCHIS TO STATE	Registrar.		Ze S.
	1	(11441033)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Address)

(Address)

19. UNDERTAKER

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03000
1. PLACE OF DEATH	
County Trederick	Registration Diet No. 13
	Registration Dist. No. 101
Willage or City Trekerick	No. St., Ward death, occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	
2. FULL NAME Ducy Frais	in Which
$M \times M$	A cu Was Colored Color
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED,	21. DATE OF DEATH
Krusle Whit OR DIVORCED (write the word)	March 11 ,193 5
Sa. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of Gep. M. Mush 6	22. I HEREBY CERTIFY, That I ettended deceased from
1 1 / 10=-	Thank 1 , 1935, 10 Thank 11 , 1936
6. DATE OF BIRTH (month, day, end year) Jacon 6-1882	I lest saw h elive on hunt //, 1935 _; deeth Is said
7. AGE Yeers Months Days If LESS then 1 dey,hrs.	to have occurred on the date steted above, at TEV Sir.
03   2   3   ormin,	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc	man of Osiain probably byen
work was done, es SILK MILL, SAW MILL, BANK, etc.	gerebellar if origin cuto
10. Dete deceased lest worked at 11. Totel time (years)	Affricance of Mycrarchin of your
this occupation (month end spant in this occupation	
12. BIRTHPLACE (city or town) Shook town	Other Contributory Causes of Importance:
(Stete or country)	Perlmenary Golema.
13. NAME Thos, Harrison	and the state of t
14. BIRTHPLACE (city or town) Preid Aletony	Neme of operation
(Stete or country)	What test confirmed diagnosis? . Christial Wes there en au'opsy? (14).
15. MAIDEN NAME THORY Reina	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Treslever Co,	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
Mrs. ola Whiles Robb	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT	The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of injury

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of strong and number) How tong in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH That t attanded dacassad from The PRINCIPAL CAUSE OF DEATH and related causes of Importance Oate of onset What test confirmed diagnosis? 23. If daeth was due to axtarnat causas (VIOLENCE) filt in also the following: Accident, suicida, or homicida? (Specify city or town, county and State)
Specify whether injury occurred in tNDUSTRY. In HOME, or In PUBLIC PLACE. 24. Was disease or injury In any wey related to occupation of dacaased?

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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Date of onset	The principal cause of death and related annual	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	1500
May 1,1923	Gastroenterilis	1 year
	1921 July 6,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL :	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-OCCUPA-1. PLACE OF DEATH plnods County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where deeth occurred How lang In U.S. if of foreign birth? AD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF PERMANENT RE 3. SEX 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than to have occurred on the date stated above, at/ The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were as follows: 8. Trade, profession, or particular ON kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc. back may pluods Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... Oate deceased last worked at 11. Total time (years) instructions on this occupation (month and spent in this that occupation 12. BIRTHPLACE (city or town) (State or country) supplied terms, FATHER 14. BIRTHPLACE (city or town) (State or country carefully What test confirmed diegnosis:C MOTHER important. 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. plno Manner of injury Nature of injury NOIL 24. Was disease or (Address) Registrar.

BINDING

MARGIN RESERVED

V. S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

Oate of onset

I attended deceased from

Was there an autopsy?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	9.00	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year